

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2010 through 09 30 2010

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

Type or Print Name of Treasurer William R. Council III

Signature of Treasurer Electronically Filed by William R. Council III Date 10 13 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Advocat Inc. Political Action Committee

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2010"/>		4772.71
(b) Cash on Hand at Beginning of Reporting Period	5311.76	
(c) Total Receipts (from Line 19)	22242.85	47281.90
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27554.61	52054.61
7. Total Disbursements (from Line 31)	27500.00	52000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54.61	54.61
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	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	18092.90	33310.02
(ii) Unitemized	4149.95	13971.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22242.85	47281.90
(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)	22242.85	47281.90
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))	22242.85	47281.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22242.85	47281.90

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.....	27500.00	51000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	27500.00	52000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27500.00	52000.00

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)	22242.85	47281.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22242.85	47281.90
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 / 123
(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)
Lori A. Avery

Mailing Address 401 Remington Ave

City State Zip Code
Gallatin TN 37066-7532

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

Name of Employer Occupation
Diversicare Management Services DMS Compliance Coordinato

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 10.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2010

Transaction ID: AE7F27D5084674695813

Amount of Each Receipt this Period
-30.00

B.

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

Mailing Address 6107 Co Rd 122

City State Zip Code
Pisgah AL 35765

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) ▼ 526.50

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: ABCEBD9C1B26C4DA9B2C

Amount of Each Receipt this Period
40.50

C.

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

Mailing Address 6107 Co Rd 122

City State Zip Code
Pisgah AL 35765

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) ▼ 567.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: A47E5158FE1F04693BCA

Amount of Each Receipt this Period
40.50

SUBTOTAL of Receipts This Page (optional) ► **51.00**

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 7 / 123

(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 State Zip Code
Pisgah AL 35765

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 ▼ 607.50

Date of Receipt

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

Transaction ID: A6E0F5666860A49C9AFC

Amount of Each Receipt this Period
40.50

B.

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

Mailing Address 6107 Co Rd 122

City State Zip Code
Pisgah AL 35765

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 ▼ 648.00

Date of Receipt

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

Transaction ID: AB2A07E06FC54470B8D5

Amount of Each Receipt this Period
40.50

C.

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

Mailing Address 6107 Co Rd 122

City State Zip Code
Pisgah AL 35765

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 ▼ 688.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	1	0

Transaction ID: A3E7CC42FFB1B46A1921

Amount of Each Receipt this Period
40.50

SUBTOTAL of Receipts This Page (optional) 121.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 123
(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

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 ▼ 729.00

Date of Receipt: 09 / 09 / 2010
Transaction ID: AB3BF32BC2A9B494AA0A
 Amount of Each Receipt this Period: 40.50

B.

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

Mailing Address 6107 Co Rd 122

City Pisgah State AL Zip Code 35765

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 ▼ 769.50

Date of Receipt: 09 / 21 / 2010
Transaction ID: AC3C8D97F8FFC4616AF0
 Amount of Each Receipt this Period: 40.50

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 ▼ 383.06

Date of Receipt: 07 / 01 / 2010
Transaction ID: AE6B2F02997954615A9D
 Amount of Each Receipt this Period: 29.72

SUBTOTAL of Receipts This Page (optional) ► **110.72**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 123
	<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) Bobbie Bice		Date of Receipt
	Mailing Address 1310 Dove Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 09 / 2010
	City	State	Zip Code
	Lockhart	TX	78644-2459
	FEC ID number of contributing federal political committee. C		Transaction ID: ACC7A17E749394E90986
Name of Employer Diversicare Leasing Corporation		Occupation Nursing Admin Don-exempt	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"/> 29.72
		<input type="text"/> 412.78	

B.	Full Name (Last, First, Middle Initial) Bobbie Bice		Date of Receipt
	Mailing Address 1310 Dove Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 27 / 2010
	City	State	Zip Code
	Lockhart	TX	78644-2459
	FEC ID number of contributing federal political committee. C		Transaction ID: A87242FD323044A6F8B7
Name of Employer Diversicare Leasing Corporation		Occupation Nursing Admin Don-exempt	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"/> 29.72
		<input type="text"/> 442.50	

C.	Full Name (Last, First, Middle Initial) Bobbie Bice		Date of Receipt
	Mailing Address 1310 Dove Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 10 / 2010
	City	State	Zip Code
	Lockhart	TX	78644-2459
	FEC ID number of contributing federal political committee. C		Transaction ID: A5D4F2177871E4F41BC9
Name of Employer Diversicare Leasing Corporation		Occupation Nursing Admin Don-exempt	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"/> 29.72
		<input type="text"/> 472.22	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 89.16
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 10 / 123
	(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) Bobbie Bice		Date of Receipt
	Mailing Address 1310 Dove Ln		<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lockhart	TX	78644-2459
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Leasing Corporation		Occupation Nursing Admin Don-exempt	Transaction ID: A8524EAB760D24F1CB19
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="501.94"/>	
		Amount of Each Receipt this Period	<input type="text" value="29.72"/>

B.	Full Name (Last, First, Middle Initial) Bobbie Bice		Date of Receipt
	Mailing Address 1310 Dove Ln		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lockhart	TX	78644-2459
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Leasing Corporation		Occupation Nursing Admin Don-exempt	Transaction ID: AEE3630683BB2406CAE2
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="531.66"/>	
		Amount of Each Receipt this Period	<input type="text" value="29.72"/>

C.	Full Name (Last, First, Middle Initial) Bobbie Bice		Date of Receipt
	Mailing Address 1310 Dove Ln		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lockhart	TX	78644-2459
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Leasing Corporation		Occupation Nursing Admin Don-exempt	Transaction ID: A411286FB3A8B4EA38B6
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="561.38"/>	
		Amount of Each Receipt this Period	<input type="text" value="29.72"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="89.16"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 123
(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)
Michael P. Bonner

Mailing Address 1013 Steeplechase Drive

City State Zip Code
Brentwood TN 37027-7449

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

Name of Employer Occupation
Diversicare Management Services VP Financial Reporting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
607.65

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: A7EDA8041C8434661B46

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 1013 Steeplechase Drive

City State Zip Code
Brentwood TN 37027-7449

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

Name of Employer Occupation
Diversicare Management Services VP Financial Reporting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
657.65

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: A8A97B35DCB0748B288D

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 1013 Steeplechase Drive

City State Zip Code
Brentwood TN 37027-7449

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

Name of Employer Occupation
Diversicare Management Services VP Financial Reporting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
707.65

Date of Receipt
MM / DD / YYYY
07 / 27 / 2010

Transaction ID: A6FEED45F691748D0ABB

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 123
(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)
Michael P. Bonner

Mailing Address 1013 Steeplechase Drive

City State Zip Code
Brentwood TN 37027-7449

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

Name of Employer Occupation
Diversicare Management Services VP Financial Reporting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 757.65

Date of Receipt
MM / DD / YYYY
08 / 10 / 2010

Transaction ID: A8AD1A45603B34A0D88A

Amount of Each Receipt this Period
50.00

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

Mailing Address 1013 Steeplechase Drive

City State Zip Code
Brentwood TN 37027-7449

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

Name of Employer Occupation
Diversicare Management Services VP Financial Reporting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 807.65

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: AE78525345C1F44BB962

Amount of Each Receipt this Period
50.00

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

Mailing Address 1013 Steeplechase Drive

City State Zip Code
Brentwood TN 37027-7449

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

Name of Employer Occupation
Diversicare Management Services VP Financial Reporting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 857.65

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: AA7B08C65D62C4B0FBF5

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 123
(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)
Michael P. Bonner

Mailing Address 1013 Steeplechase Drive

City State Zip Code
Brentwood TN 37027-7449

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

Name of Employer Occupation
Diversicare Management Services VP Financial Reporting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 907.65

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: A3151B17CEF8E45DBAFA

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Nathan A. Carder

Mailing Address 16 Lee Street

City State Zip Code
Huntington WV 25705-2317

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2010

Transaction ID: A06C9D49234714146890

Amount of Each Receipt this Period
125.00

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

Mailing Address 103 Connors Place

City State Zip Code
Oak Ridge TN 37830-7635

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 ▼ 440.76

Date of Receipt
MM / DD / YYYY
07 / 08 / 2010

Transaction ID: AAE8B5E3F3B1D40CAB68

Amount of Each Receipt this Period
32.69

SUBTOTAL of Receipts This Page (optional) ► 207.69

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 14 / 123
(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 103 Connors Place

City State Zip Code
Oak Ridge TN 37830-7635

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 ▼ 473.45

Date of Receipt
MM / DD / YYYY
07 / 19 / 2010

Transaction ID: A11FB5826F502496086E

Amount of Each Receipt this Period
32.69

B.

Full Name (Last, First, Middle Initial)
Judy A. Collins

Mailing Address 118 Harness Lane

City State Zip Code
Georgetown TX 78633-4881

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

Name of Employer Occupation
Diversicare Management Services Texas CQI Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.32

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: A0474FAAF00CD4CF5BB5

Amount of Each Receipt this Period
36.72

C.

Full Name (Last, First, Middle Initial)
Judy A. Collins

Mailing Address 118 Harness Lane

City State Zip Code
Georgetown TX 78633-4881

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

Name of Employer Occupation
Diversicare Management Services Texas CQI Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 257.04

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: A6E84ED85356A4F53852

Amount of Each Receipt this Period
36.72

SUBTOTAL of Receipts This Page (optional) ► **106.13**

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 / 123
(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)
Judy A. Collins

Mailing Address 118 Harness Lane

City State Zip Code
Georgetown TX 78633-4881

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

Name of Employer Occupation
Diversicare Management Services Texas CQI Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
293.76

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: AA38AA1BE0938491B902

Amount of Each Receipt this Period
36.72

B.

Full Name (Last, First, Middle Initial)
Gary D. Cotton

Mailing Address 11743 Northpointe Blvd #1125

City State Zip Code
Tomball TX 77377-5596

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 ▼
230.75

Date of Receipt
MM / DD / YYYY
08 / 10 / 2010

Transaction ID: A96917F3B70184660ADC

Amount of Each Receipt this Period
46.15

C.

Full Name (Last, First, Middle Initial)
Gary D. Cotton

Mailing Address 11743 Northpointe Blvd #1125

City State Zip Code
Tomball TX 77377-5596

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 ▼
276.90

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: ACC4B440AAA2E4C7788F

Amount of Each Receipt this Period
46.15

SUBTOTAL of Receipts This Page (optional) ► **129.02**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Gary D. Cotton

Mailing Address 11743 Northpointe Blvd #1125

City State Zip Code
Tomball TX 77377-5596

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 ▼ 323.05

Date of Receipt
M M / D D / Y Y Y Y
09 / 09 / 2010

Transaction ID: AB624963ACEBE41ADABA

Amount of Each Receipt this Period
46.15

B.

Full Name (Last, First, Middle Initial)
Gary D. Cotton

Mailing Address 11743 Northpointe Blvd #1125

City State Zip Code
Tomball TX 77377-5596

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 ▼ 369.20

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2010

Transaction ID: AA7919E41202B4935812

Amount of Each Receipt this Period
46.15

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 ▼ 2499.90

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2010

Transaction ID: A0E3902D6F7F54BF792B

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional) ► **284.60**

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 17 / 123
(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)
 William R. Council III
 Mailing Address 9533 Thoroughbred Way
 City State Zip Code
 Brentwood TN 37027-8922
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 09 / 2010
Transaction ID: ADDD987E1C138410BBC9
 Amount of Each Receipt this Period
 192.30
 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) ▼ 2692.20

B. Full Name (Last, First, Middle Initial)
 William R. Council III
 Mailing Address 9533 Thoroughbred Way
 City State Zip Code
 Brentwood TN 37027-8922
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 27 / 2010
Transaction ID: A00E089AA149F4387915
 Amount of Each Receipt this Period
 192.30
 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) ▼ 2884.50

C. Full Name (Last, First, Middle Initial)
 William R. Council III
 Mailing Address 9533 Thoroughbred Way
 City State Zip Code
 Brentwood TN 37027-8922
 Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2010
Transaction ID: A453ACEC796B9480EACD
 Amount of Each Receipt this Period
 1923.20
 Political Contribution
 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) ▼ 4807.70

SUBTOTAL of Receipts This Page (optional) ► 2307.80
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 18 / 123
(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)
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 ▼ 5000.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2010

Transaction ID: A4640355838B94A52BC7

Amount of Each Receipt this Period
192.30

B. Full Name (Last, First, Middle Initial)
Beverly Cox

Mailing Address 1017 Riverchase Road

City State Zip Code
Huntsville AL 35803-2327

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 ▼ 202.21

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: A4C00B81F0E4B47009C2

Amount of Each Receipt this Period
28.97

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

Mailing Address 35 Barlow Road

City State Zip Code
Equality AL 36026-2765

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

Name of Employer Occupation
Diversicare Management Services Alabama CQI Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 224.82

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: A473F1E2318FA4D7F8DA

Amount of Each Receipt this Period
37.47

SUBTOTAL of Receipts This Page (optional) ► **258.74**

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 / 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

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

Mailing Address 35 Barlow Road

City Equality State AL Zip Code 36026-2765

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

Name of Employer Diversicare Management Services Occupation Alabama CQI Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.29

Date of Receipt 09 / 09 / 2010

Transaction ID: A2573C76BE60F409C9D9

Amount of Each Receipt this Period 37.47

B.

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

Mailing Address 35 Barlow Road

City Equality State AL Zip Code 36026-2765

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

Name of Employer Diversicare Management Services Occupation Alabama CQI Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 299.76

Date of Receipt 09 / 21 / 2010

Transaction ID: A810511677CAF4146AD4

Amount of Each Receipt this Period 37.47

C.

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

Mailing Address 1206 Chilton

City San Antonio State TX Zip Code 78251

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

Name of Employer Diversicare Management Services Occupation Texas Mds Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 327.28

Date of Receipt 07 / 01 / 2010

Transaction ID: AB5B61BFB94D346708F4

Amount of Each Receipt this Period 25.76

SUBTOTAL of Receipts This Page (optional) ► 100.70

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 123
	<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		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
	Mailing Address 1206 Chilton		Transaction ID: AACE4BFC299A5484E8F9
	City San Antonio	State TX	Zip Code 78251
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.76
	Name of Employer Diversicare Management Services	Occupation Texas Mds Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 353.04	

B.	Full Name (Last, First, Middle Initial) Deborah R. Farris		Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address 1206 Chilton		Transaction ID: AC335930506C147DC93C
	City San Antonio	State TX	Zip Code 78251
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.76
	Name of Employer Diversicare Management Services	Occupation Texas Mds Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 378.80	

C.	Full Name (Last, First, Middle Initial) Deborah R. Farris		Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 1206 Chilton		Transaction ID: A3E7A7F181B61414288F
	City San Antonio	State TX	Zip Code 78251
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.76
	Name of Employer Diversicare Management Services	Occupation Texas Mds Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 404.56	

SUBTOTAL of Receipts This Page (optional)	▶	77.28
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 123
(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)
Deborah R. Farris

Mailing Address 1206 Chilton

City San Antonio State TX Zip Code 78251

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

Name of Employer Diversicare Management Services Occupation Texas Mds Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.32

Date of Receipt 08 / 23 / 2010
Transaction ID: A749B3F07149B4C1EB83
 Amount of Each Receipt this Period 25.76

B.

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

Mailing Address 1206 Chilton

City San Antonio State TX Zip Code 78251

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

Name of Employer Diversicare Management Services Occupation Texas Mds Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 456.08

Date of Receipt 09 / 09 / 2010
Transaction ID: A3AF9ACB798B842CA91F
 Amount of Each Receipt this Period 25.76

C.

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

Mailing Address 1206 Chilton

City San Antonio State TX Zip Code 78251

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

Name of Employer Diversicare Management Services Occupation Texas Mds Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 481.84

Date of Receipt 09 / 21 / 2010
Transaction ID: A77BCE78FB9AD48669AB
 Amount of Each Receipt this Period 25.76

SUBTOTAL of Receipts This Page (optional) ► 77.28

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 123
	<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)
Anne M. Freeman

Mailing Address 25059 Us Hwy 80

City State Zip Code
Opelika AL 36804

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.00

Date of Receipt: 07 / 01 / 2010
Transaction ID: A2300539EAAF64872979
Amount of Each Receipt this Period: 25.50

B.

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

Mailing Address 25059 Us Hwy 80

City State Zip Code
Opelika AL 36804

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.50

Date of Receipt: 07 / 09 / 2010
Transaction ID: A9960ABCB5791424BAAA
Amount of Each Receipt this Period: 25.50

C.

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

Mailing Address 25059 Us Hwy 80

City State Zip Code
Opelika AL 36804

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.26

Date of Receipt: 07 / 27 / 2010
Transaction ID: A841A146A6FF34DF4A16
Amount of Each Receipt this Period: 25.76

SUBTOTAL of Receipts This Page (optional) ► **76.76**

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 23 / 123
	<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) Anne M. Freeman		Date of Receipt
	Mailing Address 25059 Us Hwy 80		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 10 / 2010
	City	State	Zip Code
	Opelika	AL	36804
	FEC ID number of contributing federal political committee. C		Transaction ID: A701E84EFD87741A3A49
Name of Employer Diversicare Management Services		Occupation Al Mds Specialist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.76
		<input type="text"/> 281.02	

B.	Full Name (Last, First, Middle Initial) Anne M. Freeman		Date of Receipt
	Mailing Address 25059 Us Hwy 80		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 23 / 2010
	City	State	Zip Code
	Opelika	AL	36804
	FEC ID number of contributing federal political committee. C		Transaction ID: A4FF70D7180C74BE0A21
Name of Employer Diversicare Management Services		Occupation Al Mds Specialist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.76
		<input type="text"/> 306.78	

C.	Full Name (Last, First, Middle Initial) Anne M. Freeman		Date of Receipt
	Mailing Address 25059 Us Hwy 80		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 09 / 2010
	City	State	Zip Code
	Opelika	AL	36804
	FEC ID number of contributing federal political committee. C		Transaction ID: A542BD98174BC41499E4
Name of Employer Diversicare Management Services		Occupation Al Mds Specialist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.76
		<input type="text"/> 332.54	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 77.28
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 24 / 123
(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)
Anne M. Freeman
Mailing Address 25059 Us Hwy 80
City Opelika State AL Zip Code 36804
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Management Services Occupation Al Mds Specialist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 358.30
Date of Receipt 09 / 21 / 2010
Transaction ID: AA815A50136F1418A96A
Amount of Each Receipt this Period 25.76

B. Full Name (Last, First, Middle Initial)
Kelly J. Gill
Mailing Address 9480 Ashford Place
City Brentwood State TN Zip Code 37027-8717
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Management Services Occupation Chief Operations Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 461.52
Date of Receipt 07 / 01 / 2010
Transaction ID: A24843B12DAB349DF91B
Amount of Each Receipt this Period 115.38

C. Full Name (Last, First, Middle Initial)
Kelly J. Gill
Mailing Address 9480 Ashford Place
City Brentwood State TN Zip Code 37027-8717
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Management Services Occupation Chief Operations Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 576.90
Date of Receipt 07 / 09 / 2010
Transaction ID: A222DD65A29894B199BF
Amount of Each Receipt this Period 115.38

SUBTOTAL of Receipts This Page (optional) ► 256.52
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 / 123
(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)
Kelly J. Gill

Mailing Address 9480 Ashford Place

City State Zip Code
Brentwood TN 37027-8717

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

Name of Employer: Diversicare Management Services
Occupation: Chief Operations Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 692.28

Date of Receipt: 07 / 27 / 2010
Transaction ID: A423263C907134AF9845
Amount of Each Receipt this Period: 115.38

B.

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

Mailing Address 9480 Ashford Place

City State Zip Code
Brentwood TN 37027-8717

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

Name of Employer: Diversicare Management Services
Occupation: Chief Operations Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt: 08 / 10 / 2010
Transaction ID: A65C68CC2A6134C1FA80
Amount of Each Receipt this Period: 115.38

C.

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

Mailing Address 9480 Ashford Place

City State Zip Code
Brentwood TN 37027-8717

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

Name of Employer: Diversicare Management Services
Occupation: Chief Operations Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 923.04

Date of Receipt: 08 / 23 / 2010
Transaction ID: A61782D7F871344F8966
Amount of Each Receipt this Period: 115.38

SUBTOTAL of Receipts This Page (optional) ► **346.14**

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

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

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

FOR LINE NUMBER: PAGE 26 / 123
(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)
 Kelly J. Gill
 Mailing Address 9480 Ashford Place
 City State Zip Code
 Brentwood TN 37027-8717
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 09 / 2010
Transaction ID: A00DB213EB24B41918BA
 Amount of Each Receipt this Period
 115.38
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services Chief Operations Officer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1038.42

B. Full Name (Last, First, Middle Initial)
 Kelly J. Gill
 Mailing Address 9480 Ashford Place
 City State Zip Code
 Brentwood TN 37027-8717
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 21 / 2010
Transaction ID: A198444FB133B40C09F2
 Amount of Each Receipt this Period
 115.38
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services Chief Operations Officer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1153.80

C. Full Name (Last, First, Middle Initial)
 Barbara Gilmore
 Mailing Address 554 Stevenson Rd
 City State Zip Code
 Gurdon AR 71743-8847
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2010
Transaction ID: AD54D3805AB6C406CB29
 Amount of Each Receipt this Period
 31.70
 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) ▼ 221.90

SUBTOTAL of Receipts This Page (optional) ► 262.46
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 123
(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)
Joyce D. Griffith

Mailing Address PO Box 62

City Grayson State KY Zip Code 41143-0062

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

Name of Employer Diversicare Management Services Occupation Kentucky Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 10 / 2010
Transaction ID: A99AF11AEAC924685AB6
 Amount of Each Receipt this Period 50.00

B.

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

Mailing Address PO Box 62

City Grayson State KY Zip Code 41143-0062

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

Name of Employer Diversicare Management Services Occupation Kentucky Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 23 / 2010
Transaction ID: A590C1681FD8A4FB0BAA
 Amount of Each Receipt this Period 50.00

C.

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

Mailing Address PO Box 62

City Grayson State KY Zip Code 41143-0062

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

Name of Employer Diversicare Management Services Occupation Kentucky Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 09 / 2010
Transaction ID: ACBA0501963FF49FEA45
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 123
(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

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)
Joyce D. Griffith

Mailing Address PO Box 62

City Grayson State KY Zip Code 41143-0062

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

Name of Employer Diversicare Management Services Occupation Kentucky Rebo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 21 / 2010
Transaction ID: ACF6F194C5BE64B3FA0E

Amount of Each Receipt this Period 50.00

B.

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

Mailing Address Po Box 123

City Delaplaine State AR Zip Code 72425-0123

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 376.88

Date of Receipt 07 / 08 / 2010
Transaction ID: A77218F52DA624534B5C

Amount of Each Receipt this Period 26.92

C.

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

Mailing Address Po Box 123

City Delaplaine State AR Zip Code 72425-0123

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.80

Date of Receipt 07 / 19 / 2010
Transaction ID: A4CAE7BABC7D143C5940

Amount of Each Receipt this Period 26.92

SUBTOTAL of Receipts This Page (optional) ► **103.84**

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 29 / 123
(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)
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) ▼ 430.72

Date of Receipt
MM / DD / YYYY
08 / 03 / 2010

Transaction ID: A3C1C926A2E7144A7AF3

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 457.64

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: A16894F3DD5C14FD1ACF

Amount of Each Receipt this Period
26.92

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) ▼ 484.56

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: A787DFB275F6C4576A1B

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 30 / 123
(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 Delaplaine State AR Zip Code 72425-0123
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Nursing Admin Don-exempt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 511.48
Date of Receipt 09 / 13 / 2010
Transaction ID: A9917C6B2F3704A76AB5
Amount of Each Receipt this Period 26.92

B. Full Name (Last, First, Middle Initial)
Vicki L. Hampton
Mailing Address Po Box 123
City Delaplaine State AR Zip Code 72425-0123
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Nursing Admin Don-exempt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 538.40
Date of Receipt 09 / 29 / 2010
Transaction ID: A92E06476DC394A2386A
Amount of Each Receipt this Period 26.92

C. Full Name (Last, First, Middle Initial)
Inga F. Handley
Mailing Address 6151 Us Highway 278 E
City Gadsden State AL Zip Code 35903-7001
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corporation Occupation Nursing Admin Don-exempt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 204.49
Date of Receipt 09 / 21 / 2010
Transaction ID: A7719B0AF543E4CB386A
Amount of Each Receipt this Period 29.42

SUBTOTAL of Receipts This Page (optional) ► 83.26
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 31 / 123
(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)
 Jennie J. Hassan
 Mailing Address 1037 Leonard Street
 City State Zip Code
 Camden AR 71701
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 08 / 2010
Transaction ID: AE5C3CA722DCA42B9AA8
 Amount of Each Receipt this Period
 35.31
 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) ▼ 402.05

B. Full Name (Last, First, Middle Initial)
 Jennie J. Hassan
 Mailing Address 1037 Leonard Street
 City State Zip Code
 Camden AR 71701
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 19 / 2010
Transaction ID: A43D49AFB1B9D4E52937
 Amount of Each Receipt this Period
 35.31
 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) ▼ 437.36

C. Full Name (Last, First, Middle Initial)
 Jennie J. Hassan
 Mailing Address 1037 Leonard Street
 City State Zip Code
 Camden AR 71701
 Date of Receipt
 M M / D D / Y Y Y Y
 08 / 03 / 2010
Transaction ID: A5C72D8B0AABD412C83E
 Amount of Each Receipt this Period
 35.31
 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) ▼ 472.67

SUBTOTAL of Receipts This Page (optional) ► 105.93
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 123
	<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) Jennie J. Hassan		Date of Receipt
	Mailing Address 1037 Leonard Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 19 / 2010
	City	State	Zip Code
	Camden	AR	71701
	FEC ID number of contributing federal political committee. C		Transaction ID: ABF3AD472E66D4B73BFA
Name of Employer Diversicare Leasing Corp		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 507.98	<input type="text"/> 35.31

B.	Full Name (Last, First, Middle Initial) Jennie J. Hassan		Date of Receipt
	Mailing Address 1037 Leonard Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 03 / 2010
	City	State	Zip Code
	Camden	AR	71701
	FEC ID number of contributing federal political committee. C		Transaction ID: A6958D9C324B64F14840
Name of Employer Diversicare Leasing Corp		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 543.29	<input type="text"/> 35.31

C.	Full Name (Last, First, Middle Initial) Jennie J. Hassan		Date of Receipt
	Mailing Address 1037 Leonard Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 13 / 2010
	City	State	Zip Code
	Camden	AR	71701
	FEC ID number of contributing federal political committee. C		Transaction ID: A321F602A22FA47AF962
Name of Employer Diversicare Leasing Corp		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 578.60	<input type="text"/> 35.31

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 105.93
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 33 / 123
(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)
 Jennie J. Hassan
 Mailing Address 1037 Leonard Street
 City State Zip Code
 Camden AR 71701
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2010
Transaction ID: AC174B57381A64F198EE
 Amount of Each Receipt this Period
 35.31
 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) ▼ 613.91

B. Full Name (Last, First, Middle Initial)
 Angela S. Hepler
 Mailing Address 3927 SE 14th Place
 City State Zip Code
 Oklahoma City OK 73115-2229
 Date of Receipt
 M M / D D / Y Y Y Y
 08 / 23 / 2010
Transaction ID: A01070855D91F489ABF7
 Amount of Each Receipt this Period
 40.38
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corporation Nursing Admin Don-exempt
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 201.90

C. Full Name (Last, First, Middle Initial)
 Angela S. Hepler
 Mailing Address 3927 SE 14th Place
 City State Zip Code
 Oklahoma City OK 73115-2229
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 09 / 2010
Transaction ID: A3522C6FD3A8F4DD9842
 Amount of Each Receipt this Period
 40.38
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corporation Nursing Admin Don-exempt
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 242.28

SUBTOTAL of Receipts This Page (optional) ► 116.07
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 34 / 123
(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)
Angela S. Hepler

Mailing Address 3927 SE 14th Place

City Oklahoma City State OK Zip Code 73115-2229

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 ▼ 282.66

Date of Receipt 09 / 21 / 2010

Transaction ID: A8D98AB80ADBE48C8A9A

Amount of Each Receipt this Period 40.38

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

Mailing Address 801 Brownstone Court

City Nolensville State TN Zip Code 37135-9720

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

Name of Employer Diversicare Management Services Occupation VP Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 863.33

Date of Receipt 07 / 01 / 2010

Transaction ID: A4AEBD7DD09AC4132A1E

Amount of Each Receipt this Period 66.41

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 ▼ 929.74

Date of Receipt 07 / 09 / 2010

Transaction ID: AAB046A158D2447B380A

Amount of Each Receipt this Period 66.41

SUBTOTAL of Receipts This Page (optional) ► 173.20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 123
	<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
	Mailing Address 801 Brownstone Court		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Nolensville	TN	37135-9720
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Management Services		Occupation VP Human Resources	Transaction ID: AD943E7CBF5654BC5B2A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="996.15"/>	
		Amount of Each Receipt this Period	<input type="text" value="66.41"/>

B.	Full Name (Last, First, Middle Initial) David R. Hickman		Date of Receipt
	Mailing Address 801 Brownstone Court		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Nolensville	TN	37135-9720
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Management Services		Occupation VP Human Resources	Transaction ID: A7C9B32A042844105A2E
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1062.56"/>	
		Amount of Each Receipt this Period	<input type="text" value="66.41"/>

C.	Full Name (Last, First, Middle Initial) David R. Hickman		Date of Receipt
	Mailing Address 801 Brownstone Court		<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Nolensville	TN	37135-9720
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Management Services		Occupation VP Human Resources	Transaction ID: AF1C68240F3884C2A852
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1128.97"/>	
		Amount of Each Receipt this Period	<input type="text" value="66.41"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="199.23"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 123
(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)
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 ▼ 1195.38

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: AEB08EBA5367D4248AAE

Amount of Each Receipt this Period
66.41

B.

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

Mailing Address 801 Brownstone Court

City Nolensville State TN Zip Code 37135-9720

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

Name of Employer Diversicare Management Services Occupation VP Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1261.79

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: A527E9A49AE0144139A5

Amount of Each Receipt this Period
66.41

C.

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

Mailing Address 377 Hutchens Rd

City Martin State TN Zip Code 38237-5377

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 359.08

Date of Receipt
MM / DD / YYYY
07 / 08 / 2010

Transaction ID: A2763DD829D774A9E8AD

Amount of Each Receipt this Period
25.89

SUBTOTAL of Receipts This Page (optional) ► **158.71**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 123
	(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) Danielle Higdon		Date of Receipt MM / DD / YYYY 07 / 19 / 2010
Mailing Address 377 Hutchens Rd		Transaction ID: A87087B2F248C4E78842
City Martin	State Zip Code TN 38237-5377	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.89
Name of Employer Diversicare Leasing Corp	Occupation Nursing Admin Don-exempt	Aggregate Year-to-Date ▼ 384.97
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Danielle Higdon		Date of Receipt MM / DD / YYYY 08 / 03 / 2010
Mailing Address 377 Hutchens Rd		Transaction ID: A7EE349652A75430DAB4
City Martin	State Zip Code TN 38237-5377	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.89
Name of Employer Diversicare Leasing Corp	Occupation Nursing Admin Don-exempt	Aggregate Year-to-Date ▼ 410.86
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Danielle Higdon		Date of Receipt MM / DD / YYYY 08 / 19 / 2010
Mailing Address 377 Hutchens Rd		Transaction ID: A379566FD2BDC43DBAB4
City Martin	State Zip Code TN 38237-5377	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.89
Name of Employer Diversicare Leasing Corp	Occupation Nursing Admin Don-exempt	Aggregate Year-to-Date ▼ 436.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	77.67
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 123
(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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 462.64

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: A6B470862B6A94FE59C9

Amount of Each Receipt this Period
25.89

B.

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

Mailing Address 377 Hutchens Rd

City State Zip Code
Martin TN 38237-5377

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 488.53

Date of Receipt
MM / DD / YYYY
09 / 13 / 2010

Transaction ID: AAC11008AFF394AC6A57

Amount of Each Receipt this Period
25.89

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 514.42

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: A6A8BD02F0D374B7699D

Amount of Each Receipt this Period
25.89

SUBTOTAL of Receipts This Page (optional) ► 77.67

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 39 / 123
(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)
Les Hogan

Mailing Address 503 Northside Drive

City State Zip Code
Enterprise AL 36330-1132

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

Name of Employer
Diversicare Leasing Corporation

Occupation
Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.62

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: AE233972543424EF1A37

Amount of Each Receipt this Period
36.27

B.

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

Mailing Address 503 Northside Drive

City State Zip Code
Enterprise AL 36330-1132

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

Name of Employer
Diversicare Leasing Corporation

Occupation
Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
253.89

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: A27F6290A010345159E4

Amount of Each Receipt this Period
36.27

C.

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

Mailing Address 4527 Se Hwy 70

City State Zip Code
Arcadia FL 34266

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

Name of Employer
Diversicare Leasing Corporation

Occupation
Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.51

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: AC4D20BCC432B46D2922

Amount of Each Receipt this Period
30.11

SUBTOTAL of Receipts This Page (optional) ► **102.65**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 123
	<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) Janice L. Horton	Date of Receipt MM / DD / YYYY 07 / 09 / 2010
	Mailing Address 4527 Se Hwy 70	Transaction ID: A1686DE1DB27842799F5
	City Arcadia State FL Zip Code 34266	Amount of Each Receipt this Period 30.11
	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 ▼ 415.62

B.	Full Name (Last, First, Middle Initial) Janice L. Horton	Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address 4527 Se Hwy 70	Transaction ID: A77416854C7C2483998E
	City Arcadia State FL Zip Code 34266	Amount of Each Receipt this Period 30.41
	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 ▼ 446.03

C.	Full Name (Last, First, Middle Initial) Janice L. Horton	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 4527 Se Hwy 70	Transaction ID: A33FC1C02ACCD454190F
	City Arcadia State FL Zip Code 34266	Amount of Each Receipt this Period 30.41
	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 ▼ 476.44

SUBTOTAL of Receipts This Page (optional)	90.93
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 41 / 123
(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)
 Janice L. Horton

Mailing Address 4527 Se Hwy 70

City Arcadia State FL Zip Code 34266

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 506.85

Date of Receipt: 08 / 23 / 2010
Transaction ID: AAE2E88D9B6C6433B871
 Amount of Each Receipt this Period: 30.41

B.

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

Mailing Address 4527 Se Hwy 70

City Arcadia State FL Zip Code 34266

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 537.26

Date of Receipt: 09 / 09 / 2010
Transaction ID: A72E72E49942E4E64A35
 Amount of Each Receipt this Period: 30.41

C.

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

Mailing Address 4527 Se Hwy 70

City Arcadia State FL Zip Code 34266

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 567.67

Date of Receipt: 09 / 21 / 2010
Transaction ID: ADA145BF817CC42E18F0
 Amount of Each Receipt this Period: 30.41

SUBTOTAL of Receipts This Page (optional) ► 91.23

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 42 / 123
(check only one)

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

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

A.

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

Mailing Address 440 Tinnan Avenue

City Franklin State TN Zip Code 37067-2671

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

Name of Employer Diversicare Management Services Occupation VP of IT Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt 07 / 01 / 2010
Transaction ID: A802DBCE0918644C8AFB

Amount of Each Receipt this Period 192.30

B.

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

Mailing Address 440 Tinnan Avenue

City Franklin State TN Zip Code 37067-2671

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

Name of Employer Diversicare Management Services Occupation VP of IT Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 09 / 2010
Transaction ID: A93F5BD937EA64B36A21

Amount of Each Receipt this Period 192.30

C.

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

Mailing Address 440 Tinnan Avenue

City Franklin State TN Zip Code 37067-2671

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

Name of Employer Diversicare Management Services Occupation VP of IT Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt 07 / 27 / 2010
Transaction ID: AF11FFC2DFD4F45CBB9A

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 43 / 123 (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

<p>A. Full Name (Last, First, Middle Initial) William D. Houghton</p> <p>Mailing Address 440 Tinnan Avenue</p> <p>City Franklin State TN Zip Code 37067-2671</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Diversicare Management Services Occupation: VP of IT Services</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 961.50</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: A53EEE6FBF9F45579AE</p> <p>Amount of Each Receipt this Period 192.30</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	0		2	0	1	0												

<p>B. Full Name (Last, First, Middle Initial) William D. Houghton</p> <p>Mailing Address 440 Tinnan Avenue</p> <p>City Franklin State TN Zip Code 37067-2671</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Diversicare Management Services Occupation: VP of IT Services</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1153.80</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>8</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: AB071E6EC6E7543CDBD2</p> <p>Amount of Each Receipt this Period 192.30</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	3		2	0	1	0												

<p>C. Full Name (Last, First, Middle Initial) William D. Houghton</p> <p>Mailing Address 440 Tinnan Avenue</p> <p>City Franklin State TN Zip Code 37067-2671</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Diversicare Management Services Occupation: VP of IT Services</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1346.10</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: A96D42DB63E364718AFF</p> <p>Amount of Each Receipt this Period 192.30</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	9		2	0	1	0												

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>576.90</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 123
(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) William D. Houghton		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 440 Tinnan Avenue		Transaction ID: A01FABC8E624E4653A21		
	City Franklin	State TN	Zip Code 37067-2671	Amount of Each Receipt this Period 192.30	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation VP of IT Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1538.40			

B.	Full Name (Last, First, Middle Initial) Karen L. Johnson		Date of Receipt MM / DD / YYYY 07 / 01 / 2010		
	Mailing Address 6437 Wexley Lane		Transaction ID: A487F50B3BCEF415EA86		
	City The Colony	State TX	Zip Code 75056-7121	Amount of Each Receipt this Period 59.71	
	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 ▼ 756.03			

C.	Full Name (Last, First, Middle Initial) Robin Jones		Date of Receipt MM / DD / YYYY 07 / 01 / 2010		
	Mailing Address 4674 Riverbend Road		Transaction ID: A100C0635F5CC4D7A8A8		
	City Trussville	State AL	Zip Code 35173-3506	Amount of Each Receipt this Period 62.38	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation AI & Tn Rvp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 786.84			

SUBTOTAL of Receipts This Page (optional)	314.39
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 45 / 123
(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 ▼ 849.22

Date of Receipt 07 / 09 / 2010

Transaction ID: AC8DFD1B15E9B4C71A7A

Amount of Each Receipt this Period 62.38

B.

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

Mailing Address 4674 Riverbend Road

City Trussville State AL Zip Code 35173-3506

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

Name of Employer Diversicare Management Services Occupation AI & Tn Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 911.60

Date of Receipt 07 / 27 / 2010

Transaction ID: AC3452B7EB15E49AC916

Amount of Each Receipt this Period 62.38

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 ▼ 973.98

Date of Receipt 08 / 10 / 2010

Transaction ID: AFA2DC98ABFCC4FF5A1D

Amount of Each Receipt this Period 62.38

SUBTOTAL of Receipts This Page (optional) ► **187.14**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 123
(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 ▼ 1036.36

Date of Receipt 08 / 23 / 2010
Transaction ID: ABA5C23EE6E644CFCAE5

Amount of Each Receipt this Period 62.38

B.

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

Mailing Address 4674 Riverbend Road

City Trussville State AL Zip Code 35173-3506

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

Name of Employer Diversicare Management Services
Occupation AI & Tn Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1098.74

Date of Receipt 09 / 09 / 2010
Transaction ID: AA0456BD5BC904E71835

Amount of Each Receipt this Period 62.38

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 ▼ 1161.12

Date of Receipt 09 / 21 / 2010
Transaction ID: AE79AEF84DD4549D6A83

Amount of Each Receipt this Period 62.38

SUBTOTAL of Receipts This Page (optional) ► **187.14**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 123
(check only one)

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

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

A.

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

Mailing Address 1515 Henderson Road

City Malvern State AR Zip Code 72104-7950

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

Name of Employer Diversicare Management Services Occupation Arkansas Maintenance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.35

Date of Receipt 08 / 10 / 2010
Transaction ID: A895792144660484AB3B
 Amount of Each Receipt this Period 13.87

B.

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

Mailing Address 1515 Henderson Road

City Malvern State AR Zip Code 72104-7950

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

Name of Employer Diversicare Management Services Occupation Arkansas Maintenance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.22

Date of Receipt 08 / 23 / 2010
Transaction ID: A4F1CA7BE6CDE4BA0982
 Amount of Each Receipt this Period 13.87

C.

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

Mailing Address 1515 Henderson Road

City Malvern State AR Zip Code 72104-7950

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

Name of Employer Diversicare Management Services Occupation Arkansas Maintenance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.09

Date of Receipt 09 / 09 / 2010
Transaction ID: A1FAF67C2C7114785B96
 Amount of Each Receipt this Period 13.87

SUBTOTAL of Receipts This Page (optional) ► **41.61**

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: PAGE 48 / 123

(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)

Rory L. Jones

Mailing Address 1515 Henderson Road

City State Zip Code
Malvern AR 72104-7950

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

Name of Employer Occupation
Diversicare Management Services Arkansas Maintenance

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 242.96

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2010

Transaction ID: ADB3AC14ED5034E77BFF

Amount of Each Receipt this Period

13.87

B.

Full Name (Last, First, Middle Initial)

Thomas Killingsworth

Mailing Address 2667 Vista Del Arroyo

City State Zip Code
San Angelo TX 76904-6212

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) ▼ 228.83

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2010

Transaction ID: A5333C3599C59404A987

Amount of Each Receipt this Period

32.69

C.

Full Name (Last, First, Middle Initial)

Randi M. Kiphen

Mailing Address 10880 Gallia Pike

City State Zip Code
Wheelersburg OH 45694

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) ▼ 514.29

Date of Receipt

M M / D D / Y Y Y Y
07 / 08 / 2010

Transaction ID: AEA15D5939D7A47C9BFE

Amount of Each Receipt this Period

37.27

SUBTOTAL of Receipts This Page (optional) ▶

83.83

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 / 123
(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)
Randi M. Kiphen

Mailing Address 10880 Gallia Pike

City State Zip Code
Wheelersburg OH 45694

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 ▼ 551.93

Date of Receipt
MM / DD / YYYY
07 / 19 / 2010

Transaction ID: A407CB2A3580A4C7B93F

Amount of Each Receipt this Period
37.64

B.

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

Mailing Address 10880 Gallia Pike

City State Zip Code
Wheelersburg OH 45694

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 ▼ 589.57

Date of Receipt
MM / DD / YYYY
08 / 03 / 2010

Transaction ID: AE99C4748C2FB4773816

Amount of Each Receipt this Period
37.64

C.

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

Mailing Address 10880 Gallia Pike

City State Zip Code
Wheelersburg OH 45694

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 ▼ 627.21

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: A034EA623F63A473A974

Amount of Each Receipt this Period
37.64

SUBTOTAL of Receipts This Page (optional) ► **112.92**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

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

Mailing Address 10880 Gallia Pike

City State Zip Code
Wheelersburg OH 45694

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 ▼ 664.85

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: A006DFE343BB84D6DB21

Amount of Each Receipt this Period
37.64

B.

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

Mailing Address 10880 Gallia Pike

City State Zip Code
Wheelersburg OH 45694

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 ▼ 702.49

Date of Receipt
MM / DD / YYYY
09 / 13 / 2010

Transaction ID: ABFEC5BA7E3334B59846

Amount of Each Receipt this Period
37.64

C.

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

Mailing Address 10880 Gallia Pike

City State Zip Code
Wheelersburg OH 45694

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 740.13

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: A0F66FA8EBB9748E8AB6

Amount of Each Receipt this Period
37.64

SUBTOTAL of Receipts This Page (optional) ► **112.92**

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 51 / 123
(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)
 Steven F. Levato
 Mailing Address 306 Cliftwood Loop
 City State Zip Code
 Hot Springs AR 71901
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 08 / 2010
Transaction ID: AA296F82EFC964E85869
 Amount of Each Receipt this Period
 35.50
 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) ▼ 489.41

B. Full Name (Last, First, Middle Initial)
 Steven F. Levato
 Mailing Address 306 Cliftwood Loop
 City State Zip Code
 Hot Springs AR 71901
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 19 / 2010
Transaction ID: A8F326767EDA646F1B24
 Amount of Each Receipt this Period
 35.50
 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) ▼ 524.91

C. Full Name (Last, First, Middle Initial)
 Steven F. Levato
 Mailing Address 306 Cliftwood Loop
 City State Zip Code
 Hot Springs AR 71901
 Date of Receipt
 M M / D D / Y Y Y Y
 08 / 03 / 2010
Transaction ID: A166AEEFA1CB943C0921
 Amount of Each Receipt this Period
 35.50
 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) ▼ 560.41

SUBTOTAL of Receipts This Page (optional) ► 106.50
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 123
(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

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 ▼ 595.91

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: A6C2BA85B2F244BBFA27

Amount of Each Receipt this Period
35.50

B.

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

Mailing Address 306 Cliftwood Loop

City State Zip Code
Hot Springs AR 71901

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 ▼ 631.41

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: AB2DB7F042A8440C6AAE

Amount of Each Receipt this Period
35.50

C.

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

Mailing Address 306 Cliftwood Loop

City State Zip Code
Hot Springs AR 71901

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 ▼ 667.27

Date of Receipt
MM / DD / YYYY
09 / 13 / 2010

Transaction ID: ADD43F68B97C041939EC

Amount of Each Receipt this Period
35.86

SUBTOTAL of Receipts This Page (optional) ► **106.86**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 123
(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)
Steven F. Levato

Mailing Address 306 Cliftwood Loop

City State Zip Code
Hot Springs AR 71901

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 ▼ 703.13

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2010

Transaction ID: A8EFB7F84AF384A16B43

Amount of Each Receipt this Period
35.86

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 Se- Kentucky Cqi
rvices

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 453.71

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2010

Transaction ID: A9F4D7FDA190246A28E0

Amount of Each Receipt this Period
35.14

C.

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

Mailing Address P O Box 1813

City State Zip Code
Olive Hill KY 41164-1813

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

Name of Employer Occupation
Diversicare Management Se- Kentucky Cqi
rvices

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 488.85

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: A06048CBBE2EE43A2913

Amount of Each Receipt this Period
35.14

SUBTOTAL of Receipts This Page (optional) ► **106.14**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 123
(check only one)

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

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

A.

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

Mailing Address P O Box 1813

City State Zip Code
Olive Hill KY 41164-1813

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

Name of Employer Occupation
Diversicare Management Se- Kentucky Cqi
rvices

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 523.99

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2010

Transaction ID: ABFCE857923054383903

Amount of Each Receipt this Period
35.14

B.

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

Mailing Address P O Box 1813

City State Zip Code
Olive Hill KY 41164-1813

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

Name of Employer Occupation
Diversicare Management Se- Kentucky Cqi
rvices

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 559.13

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2010

Transaction ID: A394A55EC9225418B96E

Amount of Each Receipt this Period
35.14

C.

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

Mailing Address P O Box 1813

City State Zip Code
Olive Hill KY 41164-1813

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

Name of Employer Occupation
Diversicare Management Se- Kentucky Cqi
rvices

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 594.27

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2010

Transaction ID: A7DF5AD547A0E42A783C

Amount of Each Receipt this Period
35.14

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 123 (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

<p>A. Full Name (Last, First, Middle Initial) Lorey S. Lowe</p> <p>Mailing Address P O Box 1813</p> <p>City State Zip Code Olive Hill KY 41164-1813</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Diversicare Management Services Occupation: Kentucky Cqi</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 629.41</p>	<p>Date of Receipt 09 / 09 / 2010</p> <p>Transaction ID: A5994A26CCAC54EBB906</p> <p>Amount of Each Receipt this Period 35.14</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Lorey S. Lowe</p> <p>Mailing Address P O Box 1813</p> <p>City State Zip Code Olive Hill KY 41164-1813</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Diversicare Management Services Occupation: Kentucky Cqi</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 664.55</p>	<p>Date of Receipt 09 / 21 / 2010</p> <p>Transaction ID: A91802D17662E4EAC971</p> <p>Amount of Each Receipt this Period 35.14</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Jo L. Lutz</p> <p>Mailing Address 609 Muirfield Road</p> <p>City State Zip Code Keller TX 76248-8283</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Diversicare Management Services Occupation: Texas Marketing Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 384.60</p>	<p>Date of Receipt 07 / 01 / 2010</p> <p>Transaction ID: AA9E4A9520D7148C9B2C</p> <p>Amount of Each Receipt this Period 192.30</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>262.58</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 56 / 123
(check only one)

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

A.

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

Mailing Address 609 Muirfield Road

City State Zip Code
Keller TX 76248-8283

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

Name of Employer Occupation
Diversicare Management Services Texas Marketing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: A3B09282D32A0405A88F

Amount of Each Receipt this Period
192.30

B.

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

Mailing Address 609 Muirfield Road

City State Zip Code
Keller TX 76248-8283

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

Name of Employer Occupation
Diversicare Management Services Texas Marketing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.20

Date of Receipt
MM / DD / YYYY
07 / 27 / 2010

Transaction ID: AF95B09B3C2964E858BE

Amount of Each Receipt this Period
192.30

C.

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

Mailing Address 609 Muirfield Road

City State Zip Code
Keller TX 76248-8283

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

Name of Employer Occupation
Diversicare Management Services Texas Marketing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
961.50

Date of Receipt
MM / DD / YYYY
08 / 10 / 2010

Transaction ID: AC5F1ED1CB828461DA5C

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 57 / 123

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Jo L. Lutz

Mailing Address 609 Muirfield Road

City State Zip Code
Keller TX 76248-8283

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

Name of Employer Occupation
Diversicare Management Services Texas Marketing Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 992.88

Date of Receipt

M M / D D / Y Y Y Y
08 / 23 / 2010

Transaction ID: AEF281AC3AEDA45C38E5

Amount of Each Receipt this Period

31.38

B.

Full Name (Last, First, Middle Initial)

Jo L. Lutz

Mailing Address 609 Muirfield Road

City State Zip Code
Keller TX 76248-8283

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

Name of Employer Occupation
Diversicare Management Services Texas Marketing Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1024.26

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2010

Transaction ID: A67F1D6478AFD4F22B18

Amount of Each Receipt this Period

31.38

C.

Full Name (Last, First, Middle Initial)

Jo L. Lutz

Mailing Address 609 Muirfield Road

City State Zip Code
Keller TX 76248-8283

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

Name of Employer Occupation
Diversicare Management Services Texas Marketing Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1055.64

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2010

Transaction ID: AEC727609446E41C1A83

Amount of Each Receipt this Period

31.38

SUBTOTAL of Receipts This Page (optional)

94.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 123
(check only one)

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

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

A.

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

Mailing Address 149 Riverwood Drive

City Franklin State TN Zip Code 37069

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

Name of Employer: Diversicare Management Services
Occupation: VP Purchasing & Property

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 749.97

Date of Receipt: 07 / 01 / 2010
Transaction ID: AA5E6290B216F4609975

Amount of Each Receipt this Period: 57.69

B.

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

Mailing Address 149 Riverwood Drive

City Franklin State TN Zip Code 37069

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

Name of Employer: Diversicare Management Services
Occupation: VP Purchasing & Property

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt: 07 / 09 / 2010
Transaction ID: A4D0E243FAA18457590E

Amount of Each Receipt this Period: 57.69

C.

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

Mailing Address 149 Riverwood Drive

City Franklin State TN Zip Code 37069

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

Name of Employer: Diversicare Management Services
Occupation: VP Purchasing & Property

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 865.35

Date of Receipt: 07 / 27 / 2010
Transaction ID: AF00F01C88AE34D6DADF

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 59 / 123
(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)
Jimmie D. Manning

Mailing Address 149 Riverwood Drive

City Franklin State TN Zip Code 37069

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

Name of Employer Diversicare Management Services Occupation VP Purchasing & Property

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 923.04

Date of Receipt 08 / 10 / 2010

Transaction ID: AD9A421F0676E4B0DA50

Amount of Each Receipt this Period 57.69

B.

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

Mailing Address 149 Riverwood Drive

City Franklin State TN Zip Code 37069

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

Name of Employer Diversicare Management Services Occupation VP Purchasing & Property

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 980.73

Date of Receipt 08 / 23 / 2010

Transaction ID: A2BB0FB4AD83146618EF

Amount of Each Receipt this Period 57.69

C.

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

Mailing Address 149 Riverwood Drive

City Franklin State TN Zip Code 37069

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

Name of Employer Diversicare Management Services Occupation VP Purchasing & Property

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1038.42

Date of Receipt 09 / 09 / 2010

Transaction ID: A28C605AC917443E0BDF

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 / 123
(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)
 Jimmie D. Manning
 Mailing Address 149 Riverwood Drive
 City Franklin State TN Zip Code 37069
 Date of Receipt 09 / 21 / 2010
Transaction ID: A1E229768A58941C0942
 Amount of Each Receipt this Period 57.69
 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 1096.11

B. Full Name (Last, First, Middle Initial)
 Lisa A. Martens
 Mailing Address 1339 Buckingham Circle
 City Franklin State TN Zip Code 37064-5420
 Date of Receipt 07 / 01 / 2010
Transaction ID: AEA0ECA2360F145E18D5
 Amount of Each Receipt this Period 56.92
 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 739.96

C. Full Name (Last, First, Middle Initial)
 Lisa A. Martens
 Mailing Address 1339 Buckingham Circle
 City Franklin State TN Zip Code 37064-5420
 Date of Receipt 07 / 09 / 2010
Transaction ID: AC6DAAA50BC3143D59D8
 Amount of Each Receipt this Period 56.92
 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 796.88

SUBTOTAL of Receipts This Page (optional) ► **171.53**
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 61 / 123
(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 ▼ 853.80

Date of Receipt 07 / 27 / 2010
Transaction ID: A82B7D10455734518B2A
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 ▼ 910.72

Date of Receipt 08 / 10 / 2010
Transaction ID: A51848DEC38534EC7BCC
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 ▼ 967.64

Date of Receipt 08 / 23 / 2010
Transaction ID: AB28F6E3D9D1B494F87C
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: (check only one)	PAGE 62 / 123
	<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 ▼ 1024.56
 Date of Receipt 09 / 09 / 2010
Transaction ID: A58D8A19AE6FB449E8C4
 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 ▼ 1081.48
 Date of Receipt 09 / 21 / 2010
Transaction ID: AB873F722C4CF408FB96
 Amount of Each Receipt this Period 56.92

C. Full Name (Last, First, Middle Initial)
 Robbie Martini
 Mailing Address 2095 Jane Lane
 City Gadsden State AL Zip Code 35907-7228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Leasing Corporation Occupation Admin Administrator-exemp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 213.96
 Date of Receipt 09 / 09 / 2010
Transaction ID: A07AC0B86FE4246CAB2B
 Amount of Each Receipt this Period 35.66

SUBTOTAL of Receipts This Page (optional) ► 149.50
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 123
(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)
Robbie Martini

Mailing Address 2095 Jane Lane

City State Zip Code
Gadsden AL 35907-7228

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

Name of Employer
Diversicare Leasing Corporation

Occupation
Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.62

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: A8F8C0235225F4680BF9

Amount of Each Receipt this Period
35.66

B.

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

Mailing Address Po Box 476

City State Zip Code
Mammoth Spring AR 72554-0476

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

Name of Employer
Diversicare Leasing Corp

Occupation
Nursing Admin Don-exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
203.97

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: A91F0738D19DA48279A1

Amount of Each Receipt this Period
10.40

C.

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

Mailing Address 3728 State Route 3

City State Zip Code
Catlettsburg KY 41129

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

Name of Employer
Diversicare Management Services

Occupation
Kentucky Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
787.20

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: AD9E2AA4D2A0443E1800

Amount of Each Receipt this Period
62.40

SUBTOTAL of Receipts This Page (optional) ► **108.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 123
	<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 3728 State Route 3

City State Zip Code
 Catlettsburg KY 41129

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

Name of Employer Occupation
 Diversicare Management Services Kentucky Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 849.60

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 09 / 2010

Transaction ID: A2ED6A5FB813C4C32B87

Amount of Each Receipt this Period
 62.40

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

Mailing Address 3728 State Route 3

City State Zip Code
 Catlettsburg KY 41129

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

Name of Employer Occupation
 Diversicare Management Services Kentucky Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 27 / 2010

Transaction ID: A7C1D5CC895E647AFAB7

Amount of Each Receipt this Period
 62.40

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

Mailing Address 3728 State Route 3

City State Zip Code
 Catlettsburg KY 41129

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

Name of Employer Occupation
 Diversicare Management Services Kentucky Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 974.40

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 10 / 2010

Transaction ID: A86041E43AF574CEE912

Amount of Each Receipt this Period
 62.40

SUBTOTAL of Receipts This Page (optional) ► 187.20

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 65 / 123
(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 3728 State Route 3

City State Zip Code
Catlettsburg KY 41129

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

Name of Employer: Diversicare Management Services
Occupation: Kentucky Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1036.80

Date of Receipt: MM / DD / YYYY
08 / 23 / 2010

Transaction ID: A494C558209A745B881E

Amount of Each Receipt this Period
62.40

B.

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

Mailing Address 3728 State Route 3

City State Zip Code
Catlettsburg KY 41129

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

Name of Employer: Diversicare Management Services
Occupation: Kentucky Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1099.20

Date of Receipt: MM / DD / YYYY
09 / 09 / 2010

Transaction ID: AE343B4B5CEDF4789976

Amount of Each Receipt this Period
62.40

C.

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

Mailing Address 3728 State Route 3

City State Zip Code
Catlettsburg KY 41129

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

Name of Employer: Diversicare Management Services
Occupation: Kentucky Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1161.60

Date of Receipt: MM / DD / YYYY
09 / 21 / 2010

Transaction ID: A35C887695AD04BD486D

Amount of Each Receipt this Period
62.40

SUBTOTAL of Receipts This Page (optional) ► **187.20**

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 66 / 123
(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)
Jeffery A. Merry

Mailing Address 1152 Rock Creek Dr

City State Zip Code
Garland TX 75040-6941

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 466.08

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: AC2C603ECE0B24998BC3

Amount of Each Receipt this Period
36.13

B. Full Name (Last, First, Middle Initial)
Jeffery A. Merry

Mailing Address 1152 Rock Creek Dr

City State Zip Code
Garland TX 75040-6941

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 502.21

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: A5F50CB08F53F41ECBF5

Amount of Each Receipt this Period
36.13

C. Full Name (Last, First, Middle Initial)
Jeffery A. Merry

Mailing Address 1152 Rock Creek Dr

City State Zip Code
Garland TX 75040-6941

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 538.34

Date of Receipt
MM / DD / YYYY
07 / 27 / 2010

Transaction ID: AADAC1F6ABD3F4639B29

Amount of Each Receipt this Period
36.13

SUBTOTAL of Receipts This Page (optional) ► **108.39**

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 67 / 123
(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)
Jeffery A. Merry

Mailing Address 1152 Rock Creek Dr

City State Zip Code
Garland TX 75040-6941

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

Name of Employer
Diversicare Leasing Corporation

Occupation
Nursing Admin Don-exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
574.47

Date of Receipt
MM / DD / YYYY
08 / 10 / 2010

Transaction ID: A226EABAE95FC407BA25

Amount of Each Receipt this Period
36.13

B.

Full Name (Last, First, Middle Initial)
Jeffery A. Merry

Mailing Address 1152 Rock Creek Dr

City State Zip Code
Garland TX 75040-6941

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

Name of Employer
Diversicare Leasing Corporation

Occupation
Nursing Admin Don-exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.60

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: AF9F5F430A48E4DBF855

Amount of Each Receipt this Period
36.13

C.

Full Name (Last, First, Middle Initial)
Jeffery A. Merry

Mailing Address 1152 Rock Creek Dr

City State Zip Code
Garland TX 75040-6941

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

Name of Employer
Diversicare Leasing Corporation

Occupation
Nursing Admin Don-exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
646.73

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: A72D231EE53DE44CD939

Amount of Each Receipt this Period
36.13

SUBTOTAL of Receipts This Page (optional) ► **108.39**

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 68 / 123
(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)
Jeffery A. Merry

Mailing Address 1152 Rock Creek Dr

City State Zip Code
Garland TX 75040-6941

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 ▼ 682.86

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: A0F4DF6474BA7472D97A

Amount of Each Receipt this Period
36.13

B.

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

Mailing Address 421 Big Timber Drive

City State Zip Code
Temple TX 76502

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

Name of Employer Occupation
Diversicare Management Services Texas Reboc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.22

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: AA38B7E28977F4EEC83E

Amount of Each Receipt this Period
25.21

C.

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

Mailing Address 421 Big Timber Drive

City State Zip Code
Temple TX 76502

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

Name of Employer Occupation
Diversicare Management Services Texas Reboc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.43

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: AE79F80067B164AEEB9C

Amount of Each Receipt this Period
25.21

SUBTOTAL of Receipts This Page (optional) ► **86.55**

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 / 123
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Kelli K. Montelongo		Date of Receipt MM / DD / YYYY 07 / 27 / 2010
Mailing Address 421 Big Timber Drive		Transaction ID: A5906A8DCDAB947B9B3D
City Temple	State TX	
Zip Code 76502		Amount of Each Receipt this Period 25.21
FEC ID number of contributing federal political committee. C		
Name of Employer Diversicare Management Services	Occupation Texas Reboc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.64	

B.

Full Name (Last, First, Middle Initial) Kelli K. Montelongo		Date of Receipt MM / DD / YYYY 08 / 10 / 2010
Mailing Address 421 Big Timber Drive		Transaction ID: AB1600F4BDB7F43969C8
City Temple	State TX	
Zip Code 76502		Amount of Each Receipt this Period 25.21
FEC ID number of contributing federal political committee. C		
Name of Employer Diversicare Management Services	Occupation Texas Reboc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.85	

C.

Full Name (Last, First, Middle Initial) Kelli K. Montelongo		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
Mailing Address 421 Big Timber Drive		Transaction ID: A37C4912609244056858
City Temple	State TX	
Zip Code 76502		Amount of Each Receipt this Period 25.21
FEC ID number of contributing federal political committee. C		
Name of Employer Diversicare Management Services	Occupation Texas Reboc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 386.06	

SUBTOTAL of Receipts This Page (optional)	75.63
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 70 / 123
(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)
Kelli K. Montelongo

Mailing Address 421 Big Timber Drive

City State Zip Code
Temple TX 76502

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

Name of Employer: Diversicare Management Services
Occupation: Texas Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
411.27

Date of Receipt: 09 / 09 / 2010
Transaction ID: ADED20417718F4380815
Amount of Each Receipt this Period: 25.21

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

Mailing Address 421 Big Timber Drive

City State Zip Code
Temple TX 76502

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

Name of Employer: Diversicare Management Services
Occupation: Texas Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
436.48

Date of Receipt: 09 / 21 / 2010
Transaction ID: AEEF574E3265E49848A7
Amount of Each Receipt this Period: 25.21

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

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
438.98

Date of Receipt: 07 / 01 / 2010
Transaction ID: A28B38308814F47D5B02
Amount of Each Receipt this Period: 34.16

SUBTOTAL of Receipts This Page (optional) ► **84.58**

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 71 / 123
(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

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) ▼ 473.14

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 09 / 2010

Transaction ID: A6C9D4F8156CA4961B63

Amount of Each Receipt this Period
 34.16

B.

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

Mailing Address P O Box 275

City State Zip Code
 Norman AR 71960

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

Name of Employer Occupation
 Diversicare Management Services Arkansas Cqi Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 507.30

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 27 / 2010

Transaction ID: A607C8C875B934DB58D8

Amount of Each Receipt this Period
 34.16

C.

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

Mailing Address P O Box 275

City State Zip Code
 Norman AR 71960

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

Name of Employer Occupation
 Diversicare Management Services Arkansas Cqi Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 541.46

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 10 / 2010

Transaction ID: A9148757A224D42ECB39

Amount of Each Receipt this Period
 34.16

SUBTOTAL of Receipts This Page (optional) ► 102.48

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 72 / 123
(check only one)

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

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

A.

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

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960

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

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 575.96

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: A364457BAC037441E810

Amount of Each Receipt this Period
34.50

B.

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

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960

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

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 610.46

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: AD00B27234A2441FEB09

Amount of Each Receipt this Period
34.50

C.

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

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960

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

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 644.96

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: A462B872253EB41D0A5B

Amount of Each Receipt this Period
34.50

SUBTOTAL of Receipts This Page (optional) ► **103.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 / 123
	(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)
 Brenda K. Mosbey

Mailing Address 1045 Rayburn Street
 Apt 102

City State Zip Code
 Olive Hill KY 41164-6438

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 345.34

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 08 / 2010

Transaction ID: A32FED39F2CC841B59B9

Amount of Each Receipt this Period
 24.84

B.

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

Mailing Address 1045 Rayburn Street
 Apt 102

City State Zip Code
 Olive Hill KY 41164-6438

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 370.18

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 19 / 2010

Transaction ID: AB5B8FD04379B4415B50

Amount of Each Receipt this Period
 24.84

C.

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

Mailing Address 1045 Rayburn Street
 Apt 102

City State Zip Code
 Olive Hill KY 41164-6438

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 395.02

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 03 / 2010

Transaction ID: A0BB8D71625224DEC846

Amount of Each Receipt this Period
 24.84

SUBTOTAL of Receipts This Page (optional) ► **74.52**

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 / 123 (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

<p>A. Full Name (Last, First, Middle Initial) Brenda K. Mosbey</p> <p>Mailing Address 1045 Rayburn Street Apt 102</p> <p>City State Zip Code Olive Hill KY 41164-6438</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Diversicare Leasing Corp NursAdmin Asst DON-Exempt</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 419.86</p>	<p>Date of Receipt 08 / 19 / 2010</p> <p>Transaction ID: AD130C1B26F99481F85B</p> <p>Amount of Each Receipt this Period 24.84</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Brenda K. Mosbey</p> <p>Mailing Address 1045 Rayburn Street Apt 102</p> <p>City State Zip Code Olive Hill KY 41164-6438</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Diversicare Leasing Corp NursAdmin Asst DON-Exempt</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 444.70</p>	<p>Date of Receipt 09 / 03 / 2010</p> <p>Transaction ID: A5522193116C544F4989</p> <p>Amount of Each Receipt this Period 24.84</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Brenda K. Mosbey</p> <p>Mailing Address 1045 Rayburn Street Apt 102</p> <p>City State Zip Code Olive Hill KY 41164-6438</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Diversicare Leasing Corp NursAdmin Asst DON-Exempt</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 469.54</p>	<p>Date of Receipt 09 / 13 / 2010</p> <p>Transaction ID: A2D98DF26B3F24D9D866</p> <p>Amount of Each Receipt this Period 24.84</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>74.52</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: (check only one)	PAGE 75 / 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Brenda K. Mosbey		Date of Receipt
	Mailing Address 1045 Rayburn Street Apt 102		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Olive Hill	KY	41164-6438
	FEC ID number of contributing federal political committee.		Transaction ID: A6676C2077A1841BD961
	Amount of Each Receipt this Period		<input type="text"/>
Name of Employer Diversicare Leasing Corp		Occupation NursAdmin Asst DON-Exempt	Amount of Each Receipt this Period <input type="text"/> 24.84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 494.38	

B.	Full Name (Last, First, Middle Initial) Treieva Oakley		Date of Receipt
	Mailing Address 901 Camellia Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Oneonta	AL	35121
	FEC ID number of contributing federal political committee.		Transaction ID: AA89C8064DC6E41CB8E1
	Amount of Each Receipt this Period		<input type="text"/>
Name of Employer Diversicare Management Services		Occupation DMS Training Coordinator	Amount of Each Receipt this Period <input type="text"/> 27.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 358.54	

C.	Full Name (Last, First, Middle Initial) Treieva Oakley		Date of Receipt
	Mailing Address 901 Camellia Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Oneonta	AL	35121
	FEC ID number of contributing federal political committee.		Transaction ID: ABB787EC8EE334DD7BCE
	Amount of Each Receipt this Period		<input type="text"/>
Name of Employer Diversicare Management Services		Occupation DMS Training Coordinator	Amount of Each Receipt this Period <input type="text"/> 27.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 386.12	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 80.00
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 76 / 123

(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) Trevia Oakley		Date of Receipt MM / DD / YYYY 07 / 27 / 2010		
	Mailing Address 901 Camellia Road		Transaction ID: A580C4CF900B1480AA9A		
	City Oneonta	State AL	Zip Code 35121	Amount of Each Receipt this Period 27.58	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation DMS Training Coordinator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 413.70			

B.	Full Name (Last, First, Middle Initial) Trevia Oakley		Date of Receipt MM / DD / YYYY 08 / 10 / 2010		
	Mailing Address 901 Camellia Road		Transaction ID: AD5464D8D89E349F2868		
	City Oneonta	State AL	Zip Code 35121	Amount of Each Receipt this Period 27.58	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation DMS Training Coordinator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 441.28			

C.	Full Name (Last, First, Middle Initial) Trevia Oakley		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 901 Camellia Road		Transaction ID: ABAC88AC99B97444AA36		
	City Oneonta	State AL	Zip Code 35121	Amount of Each Receipt this Period 27.58	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation DMS Training Coordinator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 468.86			

SUBTOTAL of Receipts This Page (optional)	▶	82.74
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 / 123
(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)
Treieva Oakley

Mailing Address 901 Camellia Road

City State Zip Code
Oneonta AL 35121

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

Name of Employer Occupation
Diversicare Management Services DMS Training Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 496.44

Date of Receipt
M M / D D / Y Y Y Y
09 / 09 / 2010

Transaction ID: A7CE79C23CA7F40C18DA

Amount of Each Receipt this Period
27.58

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

Mailing Address 901 Camellia Road

City State Zip Code
Oneonta AL 35121

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

Name of Employer Occupation
Diversicare Management Services DMS Training Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 524.02

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2010

Transaction ID: A59E3FDD49B6C49BEB37

Amount of Each Receipt this Period
27.58

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

Mailing Address 310 Welchwood

City State Zip Code
Clarksville TN 37040-6739

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.36

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2010

Transaction ID: A9BCEEEF625214933806

Amount of Each Receipt this Period
14.20

SUBTOTAL of Receipts This Page (optional) ► 69.36

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 78 / 123
(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)
Diane K. Patterson

Mailing Address 310 Welchwood

City State Zip Code
Clarksville TN 37040-6739

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 223.56

Date of Receipt
MM / DD / YYYY
08 / 03 / 2010

Transaction ID: A5BCF364D012A4635A7A

Amount of Each Receipt this Period
14.20

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

Mailing Address 310 Welchwood

City State Zip Code
Clarksville TN 37040-6739

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 237.76

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: A971B426990E44E35A44

Amount of Each Receipt this Period
14.20

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

Mailing Address 310 Welchwood

City State Zip Code
Clarksville TN 37040-6739

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 251.96

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: A9C0AB08EC0E94A638EF

Amount of Each Receipt this Period
14.20

SUBTOTAL of Receipts This Page (optional) ► 42.60

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 79 / 123
(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)
 Diane K. Patterson
 Mailing Address 310 Welchwood
 City State Zip Code
 Clarksville TN 37040-6739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 266.16
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 13 / 2010
Transaction ID: AF64C616ACAA84F3E982
 Amount of Each Receipt this Period
 14.20

B. Full Name (Last, First, Middle Initial)
 Diane K. Patterson
 Mailing Address 310 Welchwood
 City State Zip Code
 Clarksville TN 37040-6739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 280.36
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2010
Transaction ID: AE63221FEFBA54725AF1
 Amount of Each Receipt this Period
 14.20

C. Full Name (Last, First, Middle Initial)
 Terena M. Raidt
 Mailing Address 7233 Althorp Way #S10
 City State Zip Code
 Nashville TN 37211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services VP of Marketing
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 594.88
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 01 / 2010
Transaction ID: AD2A743B8B6CA4310A86
 Amount of Each Receipt this Period
 45.76

SUBTOTAL of Receipts This Page (optional) ► 74.16
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 123
(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)
 Terena M. Raidt
 Mailing Address 7233 Althorp Way #S10
 City Nashville State TN Zip Code 37211
 Date of Receipt
Transaction ID: A42A5D832EBA742F1A5E
 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee.
 Name of Employer: Diversicare Management Services Occupation: VP of Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

B. Full Name (Last, First, Middle Initial)
 Terena M. Raidt
 Mailing Address 7233 Althorp Way #S10
 City Nashville State TN Zip Code 37211
 Date of Receipt
Transaction ID: A8BF62FC72F03433F9C7
 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee.
 Name of Employer: Diversicare Management Services Occupation: VP of Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

C. Full Name (Last, First, Middle Initial)
 Robert Rice
 Mailing Address 7147 Riverfront Drive
 City Nashville State TN Zip Code 37221-6585
 Date of Receipt
Transaction ID: AFE79E171133040129BF
 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee.
 Name of Employer: Diversicare Management Services Occupation: VP of Risk Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)
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 / 123
(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)
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 ▼ 630.84

Date of Receipt 07 / 09 / 2010
Transaction ID: A7A099A02034A42DD98F
 Amount of Each Receipt this Period 45.06

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

Mailing Address 7147 Riverfront Drive

City Nashville State TN Zip Code 37221-6585

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

Name of Employer Diversicare Management Services Occupation VP of Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.90

Date of Receipt 07 / 27 / 2010
Transaction ID: A6F19EF8060124B31BBC
 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 ▼ 720.96

Date of Receipt 08 / 10 / 2010
Transaction ID: ADC7FA61951AB4EAF93F
 Amount of Each Receipt this Period 45.06

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 82 / 123
(check only one)

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

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

A.

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

Mailing Address 7147 Riverfront Drive

City Nashville State TN Zip Code 37221-6585

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

Name of Employer Diversicare Management Services Occupation VP of Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 766.02

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: A2BEAAA59174B47FFB80

Amount of Each Receipt this Period
45.06

B.

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

Mailing Address 7147 Riverfront Drive

City Nashville State TN Zip Code 37221-6585

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

Name of Employer Diversicare Management Services Occupation VP of Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 811.08

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: A028D8B8CB4B44108BF1

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 ▼ 856.14

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: AAB2D3CE8894F4D0B8E8

Amount of Each Receipt this Period
45.06

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 83 / 123
(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)
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 ▼ 2499.90

Date of Receipt 07 / 01 / 2010
Transaction ID: A9C110D83C5BC464F857
 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 ▼ 2692.20

Date of Receipt 07 / 09 / 2010
Transaction ID: A2189BEB0C3ED448E893
 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 ▼ 2884.50

Date of Receipt 07 / 27 / 2010
Transaction ID: AADF3B176CC864599B57
 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 84 / 123
(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 ▼ 3076.80

Date of Receipt 08 / 10 / 2010
Transaction ID: ADE7EA3641B9E4517B59
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 ▼ 3269.10

Date of Receipt 08 / 23 / 2010
Transaction ID: A212F5177531A44B4B4A
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 ▼ 3461.40

Date of Receipt 09 / 09 / 2010
Transaction ID: A0E47320D19964061B84
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 85 / 123
(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)
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) ▼ 3653.70

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2010

Transaction ID: AD8AEEF4394114435BFC

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

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) ▼ 393.33

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2010

Transaction ID: A419D799D86C54D1EB53

Amount of Each Receipt this Period
30.51

C.

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

Mailing Address 805 Merritt Drive

City State Zip Code
Lockhart TX 78644

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) ▼ 423.84

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: AD8E8DA060C8E419AB3C

Amount of Each Receipt this Period
30.51

SUBTOTAL of Receipts This Page (optional) ▶

253.32

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 123
	<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) Larry Roberson		Date of Receipt
	Mailing Address 805 Merritt Drive		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lockhart	TX	78644
	FEC ID number of contributing federal political committee. C		Transaction ID: A63F93158DC69407AB43
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="454.35"/>	<input type="text" value="30.51"/>

B.	Full Name (Last, First, Middle Initial) Larry Roberson		Date of Receipt
	Mailing Address 805 Merritt Drive		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lockhart	TX	78644
	FEC ID number of contributing federal political committee. C		Transaction ID: A32E1A5AA62DD4FB39F3
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="484.86"/>	<input type="text" value="30.51"/>

C.	Full Name (Last, First, Middle Initial) Larry Roberson		Date of Receipt
	Mailing Address 805 Merritt Drive		<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lockhart	TX	78644
	FEC ID number of contributing federal political committee. C		Transaction ID: AE8F5D6FF7AC04535AA0
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="515.37"/>	<input type="text" value="30.51"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="91.53"/>
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 87 / 123
(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

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 ▼ 545.88

Date of Receipt: 09 / 09 / 2010
Transaction ID: A3F29884068614D78A44
Amount of Each Receipt this Period: 30.51

B.

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

Mailing Address 805 Merritt Drive

City Lockhart State TX Zip Code 78644

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.39

Date of Receipt: 09 / 21 / 2010
Transaction ID: A9AE89A15285B4EC09AF
Amount of Each Receipt this Period: 30.51

C.

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

Mailing Address P O Box 991

City Cabot State AR Zip Code 72023-0991

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

Name of Employer: Diversicare Management Services
Occupation: Arkansas MDS Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.74

Date of Receipt: 08 / 10 / 2010
Transaction ID: A264A151A1E08458398C
Amount of Each Receipt this Period: 13.33

SUBTOTAL of Receipts This Page (optional) ► **74.35**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 123		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.

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

Mailing Address P O Box 991

City Cabot State AR Zip Code 72023-0991

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

Name of Employer Diversicare Management Services Occupation Arkansas MDS Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.07

Date of Receipt MM / DD / YYYY 08 / 23 / 2010

Transaction ID: AFB9E9F4F3CE7B4F5DAC2

Amount of Each Receipt this Period 13.33

B.

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

Mailing Address P O Box 991

City Cabot State AR Zip Code 72023-0991

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

Name of Employer Diversicare Management Services Occupation Arkansas MDS Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.40

Date of Receipt MM / DD / YYYY 09 / 09 / 2010

Transaction ID: A821771797CD24611BDD

Amount of Each Receipt this Period 13.33

C.

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

Mailing Address P O Box 991

City Cabot State AR Zip Code 72023-0991

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

Name of Employer Diversicare Management Services Occupation Arkansas MDS Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 251.73

Date of Receipt MM / DD / YYYY 09 / 21 / 2010

Transaction ID: A72D03F298EBF4231A12

Amount of Each Receipt this Period 13.33

SUBTOTAL of Receipts This Page (optional) ► 39.99

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 / 123
	(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) Vicki C. Root		Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 14688 Cassiano Rd		Transaction ID: A4608A036924D42ADB15
	City Elmendorf	State TX	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.26
	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 ▼ 367.38	

B.	Full Name (Last, First, Middle Initial) Vicki C. Root		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
	Mailing Address 14688 Cassiano Rd		Transaction ID: A960DC7A3AC67420F926
	City Elmendorf	State TX	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.26
	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 ▼ 395.64	

C.	Full Name (Last, First, Middle Initial) Susan E. Shires		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 108 Clearlake Drive East		Transaction ID: A425643B771024CED90B
	City Nashville	State TN	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.27
	Name of Employer Diversicare Management Services		Occupation Director of Payroll & Tax
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 214.47	

SUBTOTAL of Receipts This Page (optional)	92.79
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 / 123
(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) Susan E. Shires		Date of Receipt MM / DD / YYYY 09 / 09 / 2010
Mailing Address 108 Clearlake Drive East		Transaction ID: AEDDC1D501CD14E689C5
City Nashville	State Zip Code TN 37217-4604	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.27
Name of Employer Diversicare Management Services	Occupation Director of Payroll & Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.74	

B.

Full Name (Last, First, Middle Initial) Susan E. Shires		Date of Receipt MM / DD / YYYY 09 / 21 / 2010
Mailing Address 108 Clearlake Drive East		Transaction ID: AF27D904B8EB64CBAA9D
City Nashville	State Zip Code TN 37217-4604	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.27
Name of Employer Diversicare Management Services	Occupation Director of Payroll & Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.01	

C.

Full Name (Last, First, Middle Initial) Kenneth K. Smith		Date of Receipt MM / DD / YYYY 07 / 01 / 2010
Mailing Address 4909 Walnut Hills Drive		Transaction ID: A0154C3AFA5DD486EA71
City Louisville	State Zip Code KY 40299	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.50
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 ▼ 556.89	

SUBTOTAL of Receipts This Page (optional)	116.04
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 123
(check only one)

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

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

A.

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

Mailing Address 4909 Walnut Hills Drive

City State Zip Code
Louisville KY 40299

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.39

Date of Receipt: 07 / 09 / 2010
Transaction ID: AC5FBA3F8560A41029BE
Amount of Each Receipt this Period: 43.50

B.

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

Mailing Address 4909 Walnut Hills Drive

City State Zip Code
Louisville KY 40299

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 643.89

Date of Receipt: 07 / 27 / 2010
Transaction ID: A52AFC399A5EC426E985
Amount of Each Receipt this Period: 43.50

C.

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

Mailing Address 4909 Walnut Hills Drive

City State Zip Code
Louisville KY 40299

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 687.39

Date of Receipt: 08 / 10 / 2010
Transaction ID: A8EBB5535E0044120B51
Amount of Each Receipt this Period: 43.50

SUBTOTAL of Receipts This Page (optional) ► **130.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 123
(check only one)

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

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

A.

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

Mailing Address 4909 Walnut Hills Drive

City State Zip Code
Louisville KY 40299

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.89

Date of Receipt: MM / DD / YYYY
08 / 23 / 2010

Transaction ID: A8DEEDB13EB12426981A

Amount of Each Receipt this Period
43.50

B.

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

Mailing Address 4909 Walnut Hills Drive

City State Zip Code
Louisville KY 40299

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
774.39

Date of Receipt: MM / DD / YYYY
09 / 09 / 2010

Transaction ID: A3C80404B315843469B5

Amount of Each Receipt this Period
43.50

C.

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

Mailing Address 4909 Walnut Hills Drive

City State Zip Code
Louisville KY 40299

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
817.89

Date of Receipt: MM / DD / YYYY
09 / 21 / 2010

Transaction ID: AE3CF981732C5467DA99

Amount of Each Receipt this Period
43.50

SUBTOTAL of Receipts This Page (optional) ► **130.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 123
(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

<p>A. Full Name (Last, First, Middle Initial) Gary K. Snyder</p> <p>Mailing Address PO Box 30</p> <p>City State Zip Code Martin TN 38237-0030</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Diversicare Leasing Corp Admin Administrator-exemp</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 430.50</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 08 / 2010</p> <p>Transaction ID: A19CC4067D4AC4D2FA91</p> <p>Amount of Each Receipt this Period 30.75</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Gary K. Snyder</p> <p>Mailing Address PO Box 30</p> <p>City State Zip Code Martin TN 38237-0030</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Diversicare Leasing Corp Admin Administrator-exemp</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 461.25</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2010</p> <p>Transaction ID: A101629A39F7D4008B9D</p> <p>Amount of Each Receipt this Period 30.75</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Gary K. Snyder</p> <p>Mailing Address PO Box 30</p> <p>City State Zip Code Martin TN 38237-0030</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Diversicare Leasing Corp Admin Administrator-exemp</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 492.30</p>	<p>Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2010</p> <p>Transaction ID: AC25E2E0472384B00BA6</p> <p>Amount of Each Receipt this Period 31.05</p>
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SUBTOTAL of Receipts This Page (optional)	92.55
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 / 123

(check only one)

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

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

A.

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

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 523.35

Date of Receipt

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

Transaction ID: A462CAE1B875B47DFBF4

Amount of Each Receipt this Period

31.05

B.

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

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 554.40

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: A58759D5607954AD5BE5

Amount of Each Receipt this Period

31.05

C.

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

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 585.45

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Transaction ID: A38C6E561254F498E942

Amount of Each Receipt this Period

31.05

SUBTOTAL of Receipts This Page (optional)

93.15

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 123

(check only one)

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

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

A.

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

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 616.50

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2010

Transaction ID: A66F7DB5129334A10AF9

Amount of Each Receipt this Period

31.05

B.

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

Mailing Address 3055 Smith Springs Road

City State Zip Code
Antioch TN 37013-1021

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

Name of Employer Occupation
Diversicare Management Services Director, Clinical Servc

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.55

Date of Receipt

M M / D D / Y Y Y Y
08 / 10 / 2010

Transaction ID: AAF26C66BF07644F79A7

Amount of Each Receipt this Period

42.31

C.

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

Mailing Address 3055 Smith Springs Road

City State Zip Code
Antioch TN 37013-1021

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

Name of Employer Occupation
Diversicare Management Services Director, Clinical Servc

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 253.86

Date of Receipt

M M / D D / Y Y Y Y
08 / 23 / 2010

Transaction ID: ABCB698D79BCA41E69D8

Amount of Each Receipt this Period

42.31

SUBTOTAL of Receipts This Page (optional)

115.67

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 96 / 123
(check only one)

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

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

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

Mailing Address 3055 Smith Springs Road

City State Zip Code
Antioch TN 37013-1021

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

Name of Employer Occupation
Diversicare Management Services Director, Clinical Servic

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 296.17

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: A5A3E3D6ED95B4CFC99A

Amount of Each Receipt this Period
42.31

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

Mailing Address 3055 Smith Springs Road

City State Zip Code
Antioch TN 37013-1021

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

Name of Employer Occupation
Diversicare Management Services Director, Clinical Servic

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 338.48

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: A35D0EBCB8EFD49CAA92

Amount of Each Receipt this Period
42.31

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

Mailing Address 300 Highland Ridge Dr.

City State Zip Code
Wylie TX 75098-5007

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

Name of Employer Occupation
Diversicare Management Services Texas Case Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 208.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: AE2FD3F6338844FFCAB0

Amount of Each Receipt this Period
26.00

SUBTOTAL of Receipts This Page (optional) ► **110.62**

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: (check only one)	PAGE 97 / 123
	<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 ▼
398.66

Date of Receipt: 07 / 01 / 2010
Transaction ID: AFDEB9B2107774B66BDB
Amount of Each Receipt this Period: 31.02

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 ▼
429.68

Date of Receipt: 07 / 09 / 2010
Transaction ID: A52DB8F00942D437CA6D
Amount of Each Receipt this Period: 31.02

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 ▼
460.70

Date of Receipt: 07 / 27 / 2010
Transaction ID: A34F8B060FA0140E29C4
Amount of Each Receipt this Period: 31.02

SUBTOTAL of Receipts This Page (optional) ► **93.06**

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:	PAGE 98 / 123
	(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)
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 ▼
491.72

Date of Receipt: 08 / 10 / 2010
Transaction ID: A44FC2116F0FC4BB0B4D
Amount of Each Receipt this Period: 31.02

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 ▼
522.74

Date of Receipt: 08 / 23 / 2010
Transaction ID: A0FDF7AA859DC46BBA06
Amount of Each Receipt this Period: 31.02

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 ▼
553.76

Date of Receipt: 09 / 09 / 2010
Transaction ID: AD82A548D46E242418BD
Amount of Each Receipt this Period: 31.02

SUBTOTAL of Receipts This Page (optional) ► **93.06**

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 99 / 123
	<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) Kathie Sullivan		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 2469 AR 115		Transaction ID: A626FACCC004144660813		
	City Smithville	State AR	Zip Code 72466	Amount of Each Receipt this Period 31.02	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services	Occupation Arkansas Cqi Director	Aggregate Year-to-Date 584.78		

B.	Full Name (Last, First, Middle Initial) Perry W. Tidwell		Date of Receipt MM / DD / YYYY 09 / 29 / 2010		
	Mailing Address PO Box 117 123 Green Street		Transaction ID: AD84A28B23E724659AD3		
	City Delaplaine	State AR	Zip Code 72425-0117	Amount of Each Receipt this Period 31.70	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Leasing Corporation	Occupation Admin Administrator-exemp	Aggregate Year-to-Date 221.26		

C.	Full Name (Last, First, Middle Initial) E Kim Tirronen		Date of Receipt MM / DD / YYYY 07 / 01 / 2010		
	Mailing Address 16701 Richloam Lane		Transaction ID: A9A19F8EE696743409B8		
	City Spring Hill	State FL	Zip Code 34610	Amount of Each Receipt this Period 39.20	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Advocat	Occupation Rai Director	Aggregate Year-to-Date 501.89		

SUBTOTAL of Receipts This Page (optional)	▶	101.92
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 123		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) E Kim Tirronen	Date of Receipt MM / DD / YYYY 07 / 09 / 2010
	Mailing Address 16701 Richloam Lane	Transaction ID: A970FC4161E0242AB969
	City State Zip Code Spring Hill FL 34610	Amount of Each Receipt this Period 39.98
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Advocat Occupation: Rai Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 541.87	

B.	Full Name (Last, First, Middle Initial) E Kim Tirronen	Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address 16701 Richloam Lane	Transaction ID: AA21474AE3C854A37B92
	City State Zip Code Spring Hill FL 34610	Amount of Each Receipt this Period 39.98
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Advocat Occupation: Rai Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 581.85	

C.	Full Name (Last, First, Middle Initial) E Kim Tirronen	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 16701 Richloam Lane	Transaction ID: A4DEB01F35E314879B58
	City State Zip Code Spring Hill FL 34610	Amount of Each Receipt this Period 39.98
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Advocat Occupation: Rai Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 621.83	

SUBTOTAL of Receipts This Page (optional)	119.94
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 101 / 123		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) E Kim Tirronen		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 16701 Richloam Lane		Transaction ID: ADB4C47ECC0334F2BB40		
	City Spring Hill	State FL	Zip Code 34610	Amount of Each Receipt this Period 39.98	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Advocat	Occupation Rai Director	Aggregate Year-to-Date 661.81		

B.	Full Name (Last, First, Middle Initial) E Kim Tirronen		Date of Receipt MM / DD / YYYY 09 / 09 / 2010		
	Mailing Address 16701 Richloam Lane		Transaction ID: A5BFDE9BE224A49D8842		
	City Spring Hill	State FL	Zip Code 34610	Amount of Each Receipt this Period 39.98	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Advocat	Occupation Rai Director	Aggregate Year-to-Date 701.79		

C.	Full Name (Last, First, Middle Initial) E Kim Tirronen		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 16701 Richloam Lane		Transaction ID: A1502116FCD5F469E8E9		
	City Spring Hill	State FL	Zip Code 34610	Amount of Each Receipt this Period 39.98	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Advocat	Occupation Rai Director	Aggregate Year-to-Date 741.77		

SUBTOTAL of Receipts This Page (optional)	▶	119.94
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 102 / 123
	<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)
 Mark Tschudy
 Mailing Address 28219 Madelin Manor Lane
 City State Zip Code
 Spring TX 77386-3087
 Date of Receipt
 MM / DD / YYYY
 07 / 01 / 2010
Transaction ID: AF903B81019704E0A8DC
 Amount of Each Receipt this Period
 44.63
 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) ▼ 571.49

B. Full Name (Last, First, Middle Initial)
 Mark Tschudy
 Mailing Address 28219 Madelin Manor Lane
 City State Zip Code
 Spring TX 77386-3087
 Date of Receipt
 MM / DD / YYYY
 07 / 09 / 2010
Transaction ID: AB49A449AC2BE48DBBAE
 Amount of Each Receipt this Period
 44.63
 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) ▼ 616.12

C. Full Name (Last, First, Middle Initial)
 Mark Tschudy
 Mailing Address 28219 Madelin Manor Lane
 City State Zip Code
 Spring TX 77386-3087
 Date of Receipt
 MM / DD / YYYY
 07 / 27 / 2010
Transaction ID: AB585717192AD4017B48
 Amount of Each Receipt this Period
 44.63
 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) ▼ 660.75

SUBTOTAL of Receipts This Page (optional) ► 133.89
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: (check only one)	PAGE 103 / 123
	<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 08 / 10 / 2010
	Mailing Address 28219 Madelin Manor Lane	Transaction ID: AF642408D52ED4F03873
	City State Zip Code Spring TX 77386-3087	Amount of Each Receipt this Period 44.63
	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 ▼ 705.38	

B.	Full Name (Last, First, Middle Initial) Mark Tschudy	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 28219 Madelin Manor Lane	Transaction ID: ADBCFE6626BF647DD838
	City State Zip Code Spring TX 77386-3087	Amount of Each Receipt this Period 44.63
	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 ▼ 750.01	

C.	Full Name (Last, First, Middle Initial) Mark Tschudy	Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 28219 Madelin Manor Lane	Transaction ID: A4E79CCC135A24FD1B54
	City State Zip Code Spring TX 77386-3087	Amount of Each Receipt this Period 44.63
	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 ▼ 794.64	

SUBTOTAL of Receipts This Page (optional)	▶	133.89
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 104 / 123
(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 Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 839.27

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: A4B381EF6F60247358DE

Amount of Each Receipt this Period
44.63

B.

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 ▼ 349.96

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: A2F89A4DD339A4CAB975

Amount of Each Receipt this Period
26.92

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 ▼ 376.88

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: AEE0D7A95F1DC40D0B26

Amount of Each Receipt this Period
26.92

SUBTOTAL of Receipts This Page (optional) ▶ **98.47**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 123
(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 ▼ 403.80

Date of Receipt 07 / 27 / 2010
Transaction ID: AB0ACA0BFA46C4C009E4
 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 ▼ 430.72

Date of Receipt 08 / 10 / 2010
Transaction ID: AFCACE753CDA54B2788E
 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 ▼ 457.64

Date of Receipt 08 / 23 / 2010
Transaction ID: A0613B3AED2CC40ACB4A
 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 106 / 123
(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 ▼ 484.56

Date of Receipt 09 / 09 / 2010
Transaction ID: AF59ACCB999AB49AF80F

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 ▼ 511.48

Date of Receipt 09 / 21 / 2010
Transaction ID: A167A872D3B5A401E840

Amount of Each Receipt this Period 26.92

C.

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

Mailing Address 811 Nance Ford Road, SW

City Hartsville State AL Zip Code 35640-3707

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

Name of Employer Diversicare Management Services Occupation AI Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 227.77

Date of Receipt 08 / 10 / 2010
Transaction ID: A02112F85E41C421FA1B

Amount of Each Receipt this Period 28.97

SUBTOTAL of Receipts This Page (optional) ► 82.81

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 123
(check only one)

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

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

A.

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

Mailing Address 811 Nance Ford Road, SW

City State Zip Code
Hartselle AL 35640-3707

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

Name of Employer Occupation
Diversicare Management Services AI Reboc

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 256.74

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: A32FDD164C73E4B129AE

Amount of Each Receipt this Period
28.97

B.

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

Mailing Address 811 Nance Ford Road, SW

City State Zip Code
Hartselle AL 35640-3707

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

Name of Employer Occupation
Diversicare Management Services AI Reboc

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 285.71

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: AA7EDA5C9CCAD440194C

Amount of Each Receipt this Period
28.97

C.

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

Mailing Address 811 Nance Ford Road, SW

City State Zip Code
Hartselle AL 35640-3707

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

Name of Employer Occupation
Diversicare Management Services AI Reboc

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 314.68

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: A4AA81527458D461CB14

Amount of Each Receipt this Period
28.97

SUBTOTAL of Receipts This Page (optional) ► 86.91

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 108 / 123
(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)
 Ken Watson

Mailing Address 3118 Eagle Ridge Way

City State Zip Code
 Houston TX 77084-5500

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

Name of Employer Occupation
 Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 215.40

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 09 / 2010

Transaction ID: A29D734F9BEF944F49C1

Amount of Each Receipt this Period
 35.90

B.

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

Mailing Address 3118 Eagle Ridge Way

City State Zip Code
 Houston TX 77084-5500

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

Name of Employer Occupation
 Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 251.30

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 21 / 2010

Transaction ID: A0D96A497029C46FB9D3

Amount of Each Receipt this Period
 35.90

C.

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

Mailing Address 376 Sandcastle Road

City State Zip Code
 Franklin TN 37069-7186

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

Name of Employer Occupation
 Diversicare Management Services VP Finance & Controller

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 709.15

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 01 / 2010

Transaction ID: AD2EFE73DBA40426DBF3

Amount of Each Receipt this Period
 54.55

SUBTOTAL of Receipts This Page (optional) ► **126.35**

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

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

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

FOR LINE NUMBER: PAGE 109 / 123
(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
 Date of Receipt 07 / 09 / 2010
Transaction ID: AEEA8ED81F0FE4E7CA96
 Amount of Each Receipt this Period 54.55
 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 ▼ 763.70

B. Full Name (Last, First, Middle Initial)
 Matthew J. Weishaar
 Mailing Address 376 Sandcastle Road
 City Franklin State TN Zip Code 37069-7186
 Date of Receipt 07 / 27 / 2010
Transaction ID: A341C4EA808D8410A916
 Amount of Each Receipt this Period 54.55
 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 ▼ 818.25

C. Full Name (Last, First, Middle Initial)
 Matthew J. Weishaar
 Mailing Address 376 Sandcastle Road
 City Franklin State TN Zip Code 37069-7186
 Date of Receipt 08 / 10 / 2010
Transaction ID: A0F11018CBDE34BCB8B4
 Amount of Each Receipt this Period 54.55
 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 ▼ 872.80

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: (check only one)	PAGE 110 / 123
	<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) Matthew J. Weishaar		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 376 Sandcastle Road		Transaction ID: A44147382FC07437B8E8		
	City Franklin	State TN	Zip Code 37069-7186	Amount of Each Receipt this Period 54.55	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation VP Finance & Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 927.35			

B.	Full Name (Last, First, Middle Initial) Matthew J. Weishaar		Date of Receipt MM / DD / YYYY 09 / 09 / 2010		
	Mailing Address 376 Sandcastle Road		Transaction ID: A7EDCC4B974574DFBAC2		
	City Franklin	State TN	Zip Code 37069-7186	Amount of Each Receipt this Period 54.55	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation VP Finance & Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 981.90			

C.	Full Name (Last, First, Middle Initial) Matthew J. Weishaar		Date of Receipt MM / DD / YYYY 09 / 21 / 2010		
	Mailing Address 376 Sandcastle Road		Transaction ID: AB6605BAA3F6841D98DB		
	City Franklin	State TN	Zip Code 37069-7186	Amount of Each Receipt this Period 54.55	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation VP Finance & Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1036.45			

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 111 / 123
(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 C. Wilson

Mailing Address 219 N. Hamilton Street

City State Zip Code
Georgetown KY 40324-1719

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

Name of Employer: Diversicare Management Services
Occupation: Kentucky MDS Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.30

Date of Receipt: 09 / 09 / 2010
Transaction ID: A78F4A9333F1343CE8FF
 Amount of Each Receipt this Period: 30.30

B. Full Name (Last, First, Middle Initial)
Elizabeth C. Wilson

Mailing Address 219 N. Hamilton Street

City State Zip Code
Georgetown KY 40324-1719

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

Name of Employer: Diversicare Management Services
Occupation: Kentucky MDS Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.60

Date of Receipt: 09 / 21 / 2010
Transaction ID: AD0592BC66C5B42E1B26
 Amount of Each Receipt this Period: 30.30

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

Mailing Address 1723 Royal Oaks

City State Zip Code
Malvern AR 72104

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 404.47

Date of Receipt: 07 / 08 / 2010
Transaction ID: A7352BC0028894572A96
 Amount of Each Receipt this Period: 29.42

SUBTOTAL of Receipts This Page (optional) ► 90.02

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 123
(check only one)

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

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

A.

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

Mailing Address 1723 Royal Oaks

City Malvern State AR Zip Code 72104

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 433.89

Date of Receipt 07 / 19 / 2010
Transaction ID: AED7175479460425F809
Amount of Each Receipt this Period 29.42

B.

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

Mailing Address 1723 Royal Oaks

City Malvern State AR Zip Code 72104

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 463.31

Date of Receipt 08 / 03 / 2010
Transaction ID: A6C0A43E032424694926
Amount of Each Receipt this Period 29.42

C.

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

Mailing Address 1723 Royal Oaks

City Malvern State AR Zip Code 72104

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 492.73

Date of Receipt 08 / 19 / 2010
Transaction ID: AE21D74A570D5461885C
Amount of Each Receipt this Period 29.42

SUBTOTAL of Receipts This Page (optional) ► 88.26

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 123
	<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		Date of Receipt
	Mailing Address 1723 Royal Oaks		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Malvern	AR	72104
	FEC ID number of contributing federal political committee. C		Transaction ID: A16804195A1964980A0F
Name of Employer Diversicare Leasing Corp		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="522.15"/>	<input type="text" value="29.42"/>

B.	Full Name (Last, First, Middle Initial) Chyra D. Worthington		Date of Receipt
	Mailing Address 1723 Royal Oaks		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Malvern	AR	72104
	FEC ID number of contributing federal political committee. C		Transaction ID: A6002436F427C4753931
Name of Employer Diversicare Leasing Corp		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="551.87"/>	<input type="text" value="29.72"/>

C.	Full Name (Last, First, Middle Initial) Chyra D. Worthington		Date of Receipt
	Mailing Address 1723 Royal Oaks		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Malvern	AR	72104
	FEC ID number of contributing federal political committee. C		Transaction ID: AECF0DE9666E47C2AFE
Name of Employer Diversicare Leasing Corp		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="581.59"/>	<input type="text" value="29.72"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="88.86"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 123
	<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	Date of Receipt MM / DD / YYYY 07 / 08 / 2010
	Mailing Address 7863 Hwy 828	Transaction ID: AABF890123D4444FBB58
	City State Zip Code Louisa KY 41230-5525	Amount of Each Receipt this Period 33.93
	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 ▼ 467.76	

B.	Full Name (Last, First, Middle Initial) Samuel R. Wright II	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 7863 Hwy 828	Transaction ID: A644B4C98747C42D18F9
	City State Zip Code Louisa KY 41230-5525	Amount of Each Receipt this Period 33.93
	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 ▼ 501.69	

C.	Full Name (Last, First, Middle Initial) Samuel R. Wright II	Date of Receipt MM / DD / YYYY 08 / 03 / 2010
	Mailing Address 7863 Hwy 828	Transaction ID: A04BB5C943D7B48B2A38
	City State Zip Code Louisa KY 41230-5525	Amount of Each Receipt this Period 33.93
	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 ▼ 535.62	

SUBTOTAL of Receipts This Page (optional)	▶	101.79
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 115 / 123
(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)
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 ▼ 569.55

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 19 / 2010

Transaction ID: A6864321EB5EA4364AF1

Amount of Each Receipt this Period
33.93

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 ▼ 603.48

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2010

Transaction ID: AC78724EDF69E4873BE0

Amount of Each Receipt this Period
33.93

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 ▼ 637.41

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2010

Transaction ID: A40E9798BCB2C435B85D

Amount of Each Receipt this Period
33.93

SUBTOTAL of Receipts This Page (optional) ► **101.79**

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 116 / 123
(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 Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 672.02

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: AD0F6F2FEB89D428CBAE

Amount of Each Receipt this Period
34.61

SUBTOTAL of Receipts This Page (optional)	▶	34.61
TOTAL This Period (last page this line number only)	▶	18092.90

**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 117 / 123

<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) Anna Eshoo for Congress	Transaction ID: BB5EF2F2ABB8C4895BC1
	Mailing Address PO Box 636	Date of Disbursement 08 / 09 / 2010
	City Annandale State VA Zip Code 22003	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement CA US House	Category/ Type
	Candidate Name Rep. Anna Eshoo	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 14	

B.	Full Name (Last, First, Middle Initial) Bennet for Colorado	Transaction ID: B810AE99ACECB4864A4E
	Mailing Address 426 C. Street, NE	Date of Disbursement 09 / 14 / 2010
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement CO US Senate	Category/ Type
	Candidate Name Sen. Michael F. Bennet	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CO District:	

C.	Full Name (Last, First, Middle Initial) Boehner for Speaker Committee	Transaction ID: B9BD491A14108490E816
	Mailing Address 631-B Pennsylvania Ave SE	Date of Disbursement 08 / 06 / 2010
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement JFC Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District: Other2010	

SUBTOTAL of Disbursements This Page (optional)	4500.00
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)

PAGE 118 / 123

<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) Democratic Congressional Campaign Cmte.</p> <p>Mailing Address 430 South Capitol Street SE; 2nd F</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement PAC to PPC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other2010</p>	<p>Transaction ID: B01F46E76831F47D8966 Date of Disbursement 09 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) DIANE BLACK FOR CONGRESS</p> <p>Mailing Address 819 PLANTATION BLVD</p> <p>City GALLATIN State TN Zip Code 37066</p> <p>Purpose of Disbursement TN US House</p> <p>Candidate Name Sen. Diane Black</p> <p>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: TN District: 06</p>	<p>Transaction ID: B8E9A4DD3DE7D46D1822 Date of Disbursement 07 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) DRIEHAUS FOR CONGRESS</p> <p>Mailing Address 650 Fox Trails Way</p> <p>City Cincinnati State OH Zip Code 45233</p> <p>Purpose of Disbursement OH US House</p> <p>Candidate Name Rep. Steve Driehaus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 01</p>	<p>Transaction ID: B187DD54CAEAC45FBA42 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</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)

PAGE 119 / 123

<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

<p>A. Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)</p> <p>Mailing Address 25 East Main Street, Suite 200</p> <p>City Richmond State VA Zip Code 23219</p> <p>Purpose of Disbursement PAC to PAC</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: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010</p>	<p>Transaction ID: B076B119E6B16402E94E Date of Disbursement 07 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) JIM RENACCI FOR CONGRESS</p> <p>Mailing Address 150 SMOKERISE DR</p> <p>City WADSWORTH State OH Zip Code 44281</p> <p>Purpose of Disbursement OH US House</p> <p>Candidate Name JAMES B RENACCI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1C759720CEE843308E7 Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) KIRK FOR SENATE</p> <p>Mailing Address P.O. Box 8</p> <p>City Winnetka State IL Zip Code 60093</p> <p>Purpose of Disbursement IL US Senate</p> <p>Candidate Name MARK STEVEN KIRK</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B117CB054C20041C890C Date of Disbursement 07 / 21 / 2010</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) ▶

**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) MAJORITY COMMITTEE PAC--MC PAC Mailing Address P.O. BOX 10134 City BAKERSFIELD State CA Zip Code 93389 Purpose of Disbursement PAC to PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010	Transaction ID: B2C7B10F8A6BF4A5C8B1 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010
B. Full Name (Last, First, Middle Initial) Mike Thompson for Congress Mailing Address 236 massachusetts Ave; Ste. 508 City Washington State DC Zip Code 20002 Purpose of Disbursement CA US House Candidate Name Rep. Mike Thompson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD02F058999C840F9A16 Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) National Republican Congressional Cmte Mailing Address 320 First Street, SE City Washington State DC Zip Code 20003 Purpose of Disbursement PAC to PPC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010	Transaction ID: B9D6A289070854D0C98A Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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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) National Republican Senatorial Cmte	Transaction ID: BB0507BD3C2304122BCD
	Mailing Address 425 2nd St NE	Date of Disbursement 08 / 31 / 2010
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period -2000.00
	Purpose of Disbursement VOID - Check 5342	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other2010	

B.	Full Name (Last, First, Middle Initial) National Republican Senatorial Cmte	Transaction ID: B8AADA91F5E3240F5BEF
	Mailing Address 425 2nd St NE	Date of Disbursement 08 / 31 / 2010
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement PAC to PPC	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other2010	

C.	Full Name (Last, First, Middle Initial) NUNNELEE FOR CONGRESS	Transaction ID: B36D2535BD1B141B883E
	Mailing Address 438 EAST MAIN ST PO BOX 7092	Date of Disbursement 07 / 21 / 2010
	City TUPELO State MS Zip Code 38802	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement OH US House	Category/ Type
	Candidate Name PATRICK ALAN NUNNELEE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District: 01	

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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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) Portman for Senate</p> <p>Mailing Address P.O. Box 39</p> <p>City Terrace Park State OH Zip Code 45174</p> <p>Purpose of Disbursement OH US Senate</p> <p>Candidate Name Rob Portman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8A020632A8414AEE8D5</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) PROSPERITY PAC</p> <p>Mailing Address 1006 Pendleton Street</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement PAC to PAC</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: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010</p>	<p>Transaction ID: B4557C7B9C4364094BFE</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Snowe for Senate</p> <p>Mailing Address 173 Barnstable Road</p> <p>City South Portland State MA Zip Code 04106</p> <p>Purpose of Disbursement ME US Senate</p> <p>Candidate Name Sen. Olympia J. Snowe</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBFA99C0AE2384A44B3A</p> <p>Date of Disbursement 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

**SCHEDULE B (FEC Form 3X)
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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) Wyden for Senate			Transaction ID: BFDB9BD7C6F724B659DA	
	Mailing Address P.O. Box 3498			Date of Disbursement 09 / 13 / 2010	
	City Portland	State OR	Zip Code 97208	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement OR US Senate		Category/ Type		
	Candidate Name Sen. Ron Wyden				
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
	State: OR	District:			

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

27500.00