

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, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special
(d) 30-Day Post-Election Report for the: General, Runoff, Special
Election on 11 07 2006 in the State of TN

5. Covering Period 10 01 2006 through 10 18 2006

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

Type or Print Name of Treasurer Will Council

Signature of Treasurer Electronically Filed by Will Council Date 10 23 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Advocat Inc. Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		0.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	14082.18									
(c) Total Receipts (from Line 19) .....	1584.84	45754.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	15667.02	45754.08								
7. Total Disbursements (from Line 31) .....	7500.00	37587.06								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	8167.02	8167.02								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name  
Advocat Inc. Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1352.04	40183.37
(i) Itemized (use Schedule A) .....	232.80	4783.65
(ii) Unitemized .....	1584.84	44967.02
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1584.84	44967.02
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	387.06
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	400.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1584.84	45754.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1584.84	45754.08

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	387.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	387.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	35700.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	1500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7500.00	37587.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	7500.00	37587.06

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	1584.84	44967.02
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1584.84	44967.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	387.06
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	387.06
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Benita Adkins</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address Rt 557		<b>Transaction ID: 61023.C681</b>	
City State Zip Code Sandy Hook KY 41171		Amount of Each Receipt this Period 25.19	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Occupation Diversicare Leasing Corp Administrator - Elliot Nursing		Payroll Deduction: (25.19- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 251.90	

Full Name (Last, First, Middle Initial) <b>B. Angel Alvarez</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 1013 Doriel St		<b>Transaction ID: 61023.C685</b>	
City State Zip Code Villa Hills KY 41017-3747		Amount of Each Receipt this Period 31.54	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Occupation Diversicare Leasing Corp Administrator - Wurtland		Payroll Deduction: (31.54- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 346.94	

Full Name (Last, First, Middle Initial) <b>C. April Anderson</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address PO Box 5		<b>Transaction ID: 61023.C673</b>	
City State Zip Code Paragould AR 72451-0005		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Occupation Diversicare Leasing Corp Administrator - Walnut Ridge		Payroll Deduction: (25.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	81.73
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Bobbie Bice</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 6	
Mailing Address 1310 Dove Ln		Transaction ID: 61011.C557	
City State Zip Code Lockhart TX 78644-2459	Amount of Each Receipt this Period 49.52		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Diversicare Leasing Corp Dir of Nursing - Chisolm	Payroll Deduction: (24.76- /Pay Period )		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 267.32		

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Carroll</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 5024 Inglewood Ct		Transaction ID: 61023.C683	
City State Zip Code Nashville TN 37216-1424	Amount of Each Receipt this Period 28.18		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Diversicare Leasing Corp Administrator - Mayfield Rehab	Payroll Deduction: (28.18- /Pay Period )		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 281.80		

Full Name (Last, First, Middle Initial) <b>C. Brian Cole</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 1056 Windtree Trce		Transaction ID: 61023.C689	
City State Zip Code Mt Juliet TN 37122-1333	Amount of Each Receipt this Period 30.77		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Advocat Inc. IT Director	Payroll Deduction: (30.77- /Pay Period )		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 338.47		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	108.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 21
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Maryann Cook Mailing Address 155 E Foster Ct City Lecanto State FL Zip Code 34461-8107 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> 61023.C690 Amount of Each Receipt this Period 48.27 Receipt Payroll Deduction: (48.27- /Pay Period )
Name of Employer: Advocat Inc. Occupation: FL Regional VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 241.35		

<b>B.</b> Full Name (Last, First, Middle Initial) Pam Diggs Mailing Address 1122 Oakmeadow City Paragould State AR Zip Code 72450 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> 61023.C668 Amount of Each Receipt this Period 25.75 Receipt Payroll Deduction: (25.75- /Pay Period )
Name of Employer: Diversicare Leasing Corp Occupation: Administrator - Newport Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 276.50		

<b>C.</b> Full Name (Last, First, Middle Initial) Lauralea Eason Wicker Mailing Address PO Box 621 City Hollandale State MS Zip Code 38748 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> 61023.C691 Amount of Each Receipt this Period 32.58 Receipt Payroll Deduction: (32.58- /Pay Period )
Name of Employer: Advocat Inc. Occupation: AR Therapy Rehab Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.80		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>106.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 21
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Peggy Everman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address PO Box 820		<b>Transaction ID:</b> 61023.C686	
City State Zip Code Grayson KY 41143-0820	Amount of Each Receipt this Period 24.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Director of Nursing - Wurtland		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.00		
		Payroll Deduction: (24.00- /Pay Period )	

<b>B.</b> Full Name (Last, First, Middle Initial) Marilyn Files		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 710 Chester St		<b>Transaction ID:</b> 61023.C678	
City State Zip Code Des Arc AR 72040-9306	Amount of Each Receipt this Period 26.78		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Des Arc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.49		
		Payroll Deduction: (26.78- /Pay Period )	

<b>C.</b> Full Name (Last, First, Middle Initial) Samantha Gibson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6	
Mailing Address 331 Fire Field Rd		<b>Transaction ID:</b> 61011.C555	
City State Zip Code New Braunfels TX 78130-8217	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Director of Nursing - Hillcres		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.75		
		Payroll Deduction: (25.00- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Vicki Hampton		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address PO Box 123		Transaction ID: 61023.C672	
City Delaplaine	State AR	Zip Code 72425-0123	Amount of Each Receipt this Period 22.51
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Diversicare Leasing Corp	Occupation Director of Nursing - Walnut R		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.10		
		Payroll Deduction: (22.51- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> Edward Heenan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 2005 Boxwood Dr		Transaction ID: 61023.C692	
City Franklin	State TN	Zip Code 37069-6908	Amount of Each Receipt this Period 29.83
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Advocat Inc.	Occupation Training & Educat		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.13		
		Payroll Deduction: (29.83- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C.</b> David Hickman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 801 Brownstone Ct		Transaction ID: 61023.C693	
City Nolensville	State TN	Zip Code 37135-9720	Amount of Each Receipt this Period 61.40
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Advocat Inc.	Occupation VP, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 859.60		
		Payroll Deduction: (61.40- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	113.74
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Danielle Higdon		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 377 Hutchens Rd		<b>Transaction ID:</b> 61023.C684	
City State Zip Code Martin TN 38237-5377	Amount of Each Receipt this Period 23.23		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Director of Nursing - Martin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.53		
		Payroll Deduction: (23.23- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> Janice Horton		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 6	
Mailing Address 4527 SE Highway 70		<b>Transaction ID:</b> 61011.C554	
City State Zip Code Arcadia FL 34266-7787	Amount of Each Receipt this Period 26.75		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Hardee Manor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.00		
		Payroll Deduction: (26.75- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C.</b> Janice Horton		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 4527 SE Highway 70		<b>Transaction ID:</b> 61023.C663	
City State Zip Code Arcadia FL 34266-7787	Amount of Each Receipt this Period 27.56		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Hardee Manor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.56		
		Payroll Deduction: (27.56- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	77.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 21
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Randi Kiphen Mailing Address 10880 Gallia Pike Rd City State Zip Code Wheelersburg OH 45694-8443 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> 61023.C687 Amount of Each Receipt this Period 32.96 Receipt Payroll Deduction: (32.96- /Pay Period )
Name of Employer Occupation Diversicare Leasing Corp Administrator - Best Care Nurs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 329.60		

<b>B.</b> Full Name (Last, First, Middle Initial) Steve Levato Mailing Address 306 Cliffwood Loop City State Zip Code Hot Springs Natl P AR 71913-8735 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> 61023.C679 Amount of Each Receipt this Period 30.29 Receipt Payroll Deduction: (30.29- /Pay Period )
Name of Employer Occupation Diversicare Leasing Corp Administrator - Garland Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.23		

<b>C.</b> Full Name (Last, First, Middle Initial) Joshua Lowe Mailing Address 210 Vespie Rd City State Zip Code Wartburg TN 37887-4026 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> 61023.C669 Amount of Each Receipt this Period 25.20 Receipt Payroll Deduction: (25.20- /Pay Period )
Name of Employer Occupation Diversicare Leasing Corp Administrator - Laurel Manor H Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 248.12		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>88.45</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 21
	<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)  
Lorey Lowe

Mailing Address PO Box 1813

City State Zip Code  
Olive Hill KY 41164

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

Name of Employer: Advocat Inc. Occupation: KY Reg Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 297.10

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

Transaction ID: 61023.C695

Amount of Each Receipt this Period  
29.71

Receipt

Payroll Deduction: (29.71- /Pay Period )

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

Mailing Address 1339 Buckingham Cir

City State Zip Code  
Franklin TN 37064-5420

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

Name of Employer: Advocat Inc. Occupation: VP, Quality Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 736.82

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

Transaction ID: 61023.C697

Amount of Each Receipt this Period  
52.63

Receipt

Payroll Deduction: (52.63- /Pay Period )

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

Mailing Address 15939 Lone Oak Dr

City State Zip Code  
Catlettsburg KY 41129-9290

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

Name of Employer: Diversicare Management Service Occupation: Regional VP, KY-OH-WV

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2156.24

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

Transaction ID: 61023.C698

Amount of Each Receipt this Period  
50.48

Receipt

Payroll Deduction: (50.48- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>132.82</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 / 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Brenda Mosbey</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address PO Box 170		<b>Transaction ID: 61023.C701</b>	
City State Zip Code Olive Hill KY 41164-0170	Amount of Each Receipt this Period 20.80		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation KY Reg MDS Specia		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.80		
		Payroll Deduction: (20.80- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Treieva Oakley</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 901 Camellia Rd		<b>Transaction ID: 61023.C702</b>	
City State Zip Code Oneonta AL 35121	Amount of Each Receipt this Period 25.99		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation Corp Training Coord		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.91		
		Payroll Deduction: (25.99- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Robert Rice</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 7147 Riverfront Dr		<b>Transaction ID: 61023.C703</b>	
City State Zip Code Nashville TN 37221	Amount of Each Receipt this Period 41.66		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Management Service	Occupation VP, Corporate Compliance & Ris		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3041.58		
		Payroll Deduction: (41.66- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	88.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 / 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Larry Roberson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6	
Mailing Address 805 Merritt Dr		<b>Transaction ID:</b> 61011.C556	
City State Zip Code Lockhart TX 78644-3335	Amount of Each Receipt this Period 53.84		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Chisolm Trail		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.20		
		Payroll Deduction: (26.92- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> Susan Shires		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 108 Clearlake Dr E		<b>Transaction ID:</b> 61023.C706	
City State Zip Code Nashville TN 37217-4604	Amount of Each Receipt this Period 32.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Advocat Inc.	Occupation Director, Payroll		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.54		
		Payroll Deduction: (32.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C.</b> Donald Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 3217 Nolen Ln		<b>Transaction ID:</b> 61023.C707	
City State Zip Code Franklin TN 37064-6222	Amount of Each Receipt this Period 30.99		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Advocat Inc.	Occupation Programmer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.75		
		Payroll Deduction: (30.99- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>116.83</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Kenneth Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 4909 Walnut Hills Dr		<b>Transaction ID:</b> 61023.C708	
City State Zip Code Louisville KY 40299-1044	Amount of Each Receipt this Period 38.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation Reg Director, HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00		
		Payroll Deduction: (38.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> Kathie Sullivan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 2469 AR 115		<b>Transaction ID:</b> 61023.C710	
City State Zip Code Smithville AR 72466	Amount of Each Receipt this Period 27.83		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation AR CQI Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 306.13		
		Payroll Deduction: (27.83- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C.</b> E Kim Tirronen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 16701 Richloam Ln		<b>Transaction ID:</b> 61023.C712	
City State Zip Code Spring Hill FL 34610-1657	Amount of Each Receipt this Period 35.70		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation Director, RAI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.22		
		Payroll Deduction: (35.70- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	101.53
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 21
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Kimberly Toney Mailing Address 139 Lock Ln City Alum Creek State WV Zip Code 25003-9066 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61023.C713 Amount of Each Receipt this Period <table border="1"> <tr> <td>28.40</td> </tr> </table> Receipt Payroll Deduction: (28.40- /Pay Period )	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	0	6	28.40
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	6		2	0	0	6														
28.40																							
Name of Employer: Advocat Inc. Occupation: WV Boone Admin- 2 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>311.31</td> </tr> </table>		311.31																					
311.31																							

<b>B.</b> Full Name (Last, First, Middle Initial) Roger Walls Mailing Address PO Box 572 City Falkville State AL Zip Code 35622 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61023.C716 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table> Receipt Payroll Deduction: (25.00- /Pay Period )	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	0	6	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	6		2	0	0	6														
25.00																							
Name of Employer: Advocat Inc. Occupation: AL RBOC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>201.25</td> </tr> </table>		201.25																					
201.25																							

<b>C.</b> Full Name (Last, First, Middle Initial) Terena Walton Mailing Address 21 Cottonwood Ln City Dyersburg State TN Zip Code 38024-6548 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61023.C717 Amount of Each Receipt this Period <table border="1"> <tr> <td>42.31</td> </tr> </table> Receipt Payroll Deduction: (42.31- /Pay Period )	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	0	6	42.31
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	6		2	0	0	6														
42.31																							
Name of Employer: Advocat Inc. Occupation: VP, Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>592.34</td> </tr> </table>		592.34																					
592.34																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<table border="1"><tr><td>95.71</td></tr></table>	95.71
95.71			
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Matthew Weishaar</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 408 Stable Dr		Transaction ID: 61023.C718
City State Zip Code Franklin TN 37069-4167	Amount of Each Receipt this Period 50.43	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Advocat Inc.	Occupation VP Fin & Controll	Payroll Deduction: (50.43- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 655.59	

Full Name (Last, First, Middle Initial) <b>B. Charles Wheeler</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address PO Box 32144		Transaction ID: 61023.C674
City State Zip Code Knoxville TN 37930-2144	Amount of Each Receipt this Period 34.19	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Briarcliff Hea	Payroll Deduction: (34.19- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.90	

Full Name (Last, First, Middle Initial) <b>C. Chyra Worthington</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 1723 Royal Oaks Dr		Transaction ID: 61023.C670
City State Zip Code Malvern AR 72104-5752	Amount of Each Receipt this Period 24.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Sheridan	Payroll Deduction: (24.00- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 257.56	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	108.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 19 / 21	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)  
Samuel Wright

Mailing Address 7863 Highway 828

City State Zip Code  
Louisa KY 41230-5525

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

Name of Employer Occupation  
Diversicare Leasing Corp Administrator - Carter Nursing

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
283.40

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

Transaction ID: 61023.C680

Amount of Each Receipt this Period  
30.77

Receipt

Payroll Deduction: (30.77- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.77
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1352.04

**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 20 / 21

<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

Full Name (Last, First, Middle Initial) <b>A. Ameripac: The Fund for a Greater America</b>		<b>Transaction ID:</b> 61011.E49
Mailing Address 499 S. Capitol St., SW, #414		Date of Disbursement 10 / 04 / 2006
City Washington	State DC	Amount of Each Disbursement this Period 1500.00
Zip Code 20003-		
Purpose of Disbursement 10/4/06 EVENT	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	10/4/06 EVENT
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>B. Democratic Congressional Campaign Commit</b>		<b>Transaction ID:</b> 61011.E47
Mailing Address 430 S. Capitol St., SE		Date of Disbursement 10 / 05 / 2006
City Washington	State DC	Amount of Each Disbursement this Period 2000.00
Zip Code 20003-		
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) <b>C. HillPAC</b>		<b>Transaction ID:</b> 61011.E48
Mailing Address 1717 K Street NW, Ste. 309B		Date of Disbursement 10 / 03 / 2006
City Washington	State DC	Amount of Each Disbursement this Period 1000.00
Zip Code 20036-		
Purpose of Disbursement 10/3/06 EVENT	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	10/3/06 EVENT
State: District:	Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 21

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
National Leadership PAC

Mailing Address P.O. Box 5577

City New York State NY Zip Code 10027-

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Other

**Transaction ID:** 61011.E33

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
Pallone for Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740-3176

Purpose of Disbursement  
NJ-06 US HOUSE; 10/16/06 EVENT

Candidate Name  
FRANK JR PALLONE

Office Sought:  House  Senate  President  
State: NJ District: 06

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** 61023.E61

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

NJ-06 US HOUSE; 10/16/06  
EVENT

**SUBTOTAL** of Disbursements This Page (optional) .....

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