

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2007 through 12 31 2007

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

Type or Print Name of Treasurer Will Council

Signature of Treasurer Electronically Filed by Will Council Date 01 08 2008

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
 Advocat Inc. Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		9934.21
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	12157.02									
(c) Total Receipts (from Line 19) .....	27097.38	57627.88								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	39254.40	67562.09								
7. Total Disbursements (from Line 31) .....	35000.00	63307.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4254.40	4254.40								
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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	26711.91	55054.70
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	385.47	2573.18
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	27097.38	57627.88
(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) .....	27097.38	57627.88
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)) .....	27097.38	57627.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27097.38	57627.88

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	30500.00	58750.00
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	57.69
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	57.69
29. Other Disbursements.....	4500.00	4500.00
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))..	35000.00	63307.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35000.00	63307.69

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	27097.38	57627.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	57.69
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27097.38	57570.19
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 / 44  
(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)  
Benita Adkins  
Mailing Address Rt 557

City State Zip Code  
Sandy Hook KY 41171

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

Name of Employer Occupation  
Diversicare Leasing Corp Administrator - Elliot Nursing

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 368.90

Date of Receipt  
MM / DD / YYYY  
07 / 03 / 2007

**Transaction ID:** 70925.C2824

Amount of Each Receipt this Period  
26.35

Receipt  
Payroll Deduction: (26.35- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Benita Adkins  
Mailing Address Rt 557

City State Zip Code  
Sandy Hook KY 41171

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

Name of Employer Occupation  
Diversicare Leasing Corp Administrator - Elliot Nursing

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 697.70

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2007

**Transaction ID:** 70725.C1935

Amount of Each Receipt this Period  
328.80

Receipt  
Payroll Deduction: (27.40- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Connie Ayers  
Mailing Address 276 Doe Run Blvd

City State Zip Code  
Clinton TN 37716

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

Name of Employer Occupation  
Advocat Inc. Coordinator - Clinical Special

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 241.40

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2007

**Transaction ID:** 70725.C1889

Amount of Each Receipt this Period  
103.86

Receipt  
Payroll Deduction: (11.54- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 459.01

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 44
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Connie Ayers	Date of Receipt MM / DD / YYYY 11 / 16 / 2007
	Mailing Address 276 Doe Run Blvd	<b>Transaction ID:</b> 80103.C3060
	City State Zip Code Clinton TN 37716	Amount of Each Receipt this Period 36.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (12.00- /Pay Period )
Name of Employer Advocat Inc.	Occupation Coordinator - Clinical Special	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 277.40	

<b>B.</b>	Full Name (Last, First, Middle Initial) David Barker	Date of Receipt MM / DD / YYYY 07 / 13 / 2007
	Mailing Address 12 Lakeview Ln	<b>Transaction ID:</b> 70725.C1890
	City State Zip Code Cabot AR 72023-9117	Amount of Each Receipt this Period 453.42
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (50.38- /Pay Period )
Name of Employer Diversicare Management Se- rvice	Occupation Regional VP, AR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1108.36	

<b>C.</b>	Full Name (Last, First, Middle Initial) David Barker	Date of Receipt MM / DD / YYYY 11 / 16 / 2007
	Mailing Address 12 Lakeview Ln	<b>Transaction ID:</b> 80103.C3061
	City State Zip Code Cabot AR 72023-9117	Amount of Each Receipt this Period 157.20
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (52.40- /Pay Period )
Name of Employer Diversicare Management Se- rvice	Occupation Regional VP, AR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1265.56	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>646.62</b>
<b>TOTAL</b> 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 / 44  
(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><b>A.</b> Full Name (Last, First, Middle Initial)                  April Bateman</p> <p>Mailing Address 3948 Highway 358</p> <p>City State Zip Code                  Paragould AR 72450-9690</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation                  Diversicare Leasing Corp Administrator - Walnut Ridge</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">411.52</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 29 / 2007</span></p> <p><b>Transaction ID:</b> 70925.C2618</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">161.52</span></p> <p>Receipt</p> <p>Payroll Deduction: (26.92- /Pay Period )</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial)                  Barry Bell</p> <p>Mailing Address 6107 Co Rd 122</p> <p>City State Zip Code                  Pisgah AL 35765</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation                  Diversicare Management Service Executive Director, AL &amp; TN</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">930.73</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07 / 13 / 2007</span></p> <p><b>Transaction ID:</b> 70725.C1891</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">467.28</span></p> <p>Receipt</p> <p>Payroll Deduction: (38.94- /Pay Period )</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial)                  Bobbie Bice</p> <p>Mailing Address 1310 Dove Ln</p> <p>City State Zip Code                  Lockhart TX 78644-2459</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation                  Diversicare Leasing Corp Dir of Nursing - Chisolm</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">635.68</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07 / 11 / 2007</span></p> <p><b>Transaction ID:</b> 70725.C1887</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">313.80</span></p> <p>Receipt</p> <p>Payroll Deduction: (26.15- /Pay Period )</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">942.60</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 44  
(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 Carroll		Date of Receipt MM / DD / YYYY 07 / 03 / 2007
Mailing Address 5024 Inglewood Ct		<b>Transaction ID:</b> 70925.C2827
City Nashville	State TN	Zip Code 37216-1424
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 28.18
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Mayfield Rehab	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 394.52	Payroll Deduction: (28.18- /Pay Period )

**B.**

Full Name (Last, First, Middle Initial) Elizabeth Carroll		Date of Receipt MM / DD / YYYY 07 / 18 / 2007
Mailing Address 5024 Inglewood Ct		<b>Transaction ID:</b> 70725.C1938
City Nashville	State TN	Zip Code 37216-1424
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 322.41
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Mayfield Rehab	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 716.93	Payroll Deduction: (29.31- /Pay Period )

**C.**

Full Name (Last, First, Middle Initial) Tavye Carter		Date of Receipt MM / DD / YYYY 07 / 13 / 2007
Mailing Address 7509 Old Nashville Hwy		<b>Transaction ID:</b> 70725.C1892
City Murfressbor	State TN	Zip Code 37129
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 327.28
Name of Employer Advocat	Occupation Senior Financial Anlys	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 859.11	Payroll Deduction: (40.91- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>677.87</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 44

(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)  
Maryann Cook

Mailing Address 155 E Foster Ct

City State Zip Code  
Lecanto FL 34461-8107

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

Name of Employer Occupation  
Advocat Inc. FL Regional VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1079.31

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2007

Transaction ID: 70725.C1893

Amount of Each Receipt this Period

451.80

Receipt

Payroll Deduction: (50.20- /Pay Period )

**B.**

Full Name (Last, First, Middle Initial)  
Maryann Cook

Mailing Address 155 E Foster Ct

City State Zip Code  
Lecanto FL 34461-8107

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

Name of Employer Occupation  
Advocat Inc. FL Regional VP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1235.67

Date of Receipt

M M / D D / Y Y Y Y  
11 / 16 / 2007

Transaction ID: 80103.C3063

Amount of Each Receipt this Period

156.36

Receipt

Payroll Deduction: (52.12- /Pay Period )

**C.**

Full Name (Last, First, Middle Initial)  
William Council II

Mailing Address 9533 Thoroughbred Way

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Advocat CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1346.17

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2007

Transaction ID: 70725.C1894

Amount of Each Receipt this Period

1153.86

Receipt

Payroll Deduction: (192.3- 1/Pay Period )

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

1762.02

**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: (check only one)	PAGE 11 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) William Council III	Date of Receipt MM / DD / YYYY 09 / 21 / 2007
	Mailing Address 5161 Ravens Glen	<b>Transaction ID:</b> 70925.C2648
	City State Zip Code Nashville TN 37211	Amount of Each Receipt this Period 1153.86
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Advocat Inc.	Occupation President & CEO	Payroll Deduction: (192.3-1/Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3461.58	

<b>B.</b>	Full Name (Last, First, Middle Initial) Pam Diggs	Date of Receipt MM / DD / YYYY 07 / 03 / 2007
	Mailing Address 1122 Oakmeadow	<b>Transaction ID:</b> 70925.C2816
	City State Zip Code Paragould AR 72450	Amount of Each Receipt this Period 25.75
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Newport	Payroll Deduction: (25.75-/Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.50	

<b>C.</b>	Full Name (Last, First, Middle Initial) Pam Diggs	Date of Receipt MM / DD / YYYY 07 / 18 / 2007
	Mailing Address 1122 Oakmeadow	<b>Transaction ID:</b> 70725.C1928
	City State Zip Code Paragould AR 72450	Amount of Each Receipt this Period 79.56
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Newport	Payroll Deduction: (26.52-/Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.06	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1259.17
<b>TOTAL</b> 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 12 / 44
	<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) Pam Diggs	Date of Receipt MM / DD / YYYY 08 / 29 / 2007
	Mailing Address 1122 Oakmeadow	<b>Transaction ID:</b> 70925.C2621
	City State Zip Code Paragould AR 72450	Amount of Each Receipt this Period 247.50
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (27.50- /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 ▼ 687.56	

<b>B.</b>	Full Name (Last, First, Middle Initial) Peggy Everman	Date of Receipt MM / DD / YYYY 07 / 03 / 2007
	Mailing Address PO Box 820	<b>Transaction ID:</b> 70925.C2829
	City State Zip Code Grayson KY 41143-0820	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (24.00- /Pay Period )
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 ▼ 336.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Peggy Everman	Date of Receipt MM / DD / YYYY 07 / 18 / 2007
	Mailing Address PO Box 820	<b>Transaction ID:</b> 70725.C1940
	City State Zip Code Grayson KY 41143-0820	Amount of Each Receipt this Period 296.64
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (24.72- /Pay Period )
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 ▼ 632.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>568.14</b>
<b>TOTAL</b> 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 13 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Marilyn Files		Date of Receipt
	Mailing Address 710 Chester St		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Des Arc	AR	72040-9306
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> 70925.C2821
Name of Employer Diversicare Leasing Corp		Occupation Administrator - Des Arc	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="374.92"/>	<input type="text" value="26.78"/>
			Receipt
			Payroll Deduction: (26.78- /Pay Period )

<b>B.</b>	Full Name (Last, First, Middle Initial) Marilyn Files		Date of Receipt
	Mailing Address 710 Chester St		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Des Arc	AR	72040-9306
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> 70725.C1932
Name of Employer Diversicare Leasing Corp		Occupation Administrator - Des Arc	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="709.12"/>	<input type="text" value="334.20"/>
			Receipt
			Payroll Deduction: (27.85- /Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) Samantha Gibson		Date of Receipt
	Mailing Address 331 Fire Field Rd		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	New Braunfels	TX	78130-8217
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> 70725.C1886
Name of Employer Diversicare Leasing Corp		Occupation Director of Nursing - Hillcres	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="634.00"/>	<input type="text" value="309.00"/>
			Receipt
			Payroll Deduction: (25.75- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="669.98"/>
<b>TOTAL</b> 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 14 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Vicki Hampton	Date of Receipt MM / DD / YYYY 07 / 03 / 2007
	Mailing Address PO Box 123	<b>Transaction ID:</b> 70925.C2817
	City State Zip Code Delaplaine AR 72425-0123	Amount of Each Receipt this Period 22.51
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (22.51- /Pay Period )
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 ▼ 315.14	

<b>B.</b>	Full Name (Last, First, Middle Initial) Vicki Hampton	Date of Receipt MM / DD / YYYY 07 / 18 / 2007
	Mailing Address PO Box 123	<b>Transaction ID:</b> 70725.C1929
	City State Zip Code Delaplaine AR 72425-0123	Amount of Each Receipt this Period 234.20
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (23.42- /Pay Period )
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 ▼ 549.34	

<b>C.</b>	Full Name (Last, First, Middle Initial) Vicki Hampton	Date of Receipt MM / DD / YYYY 09 / 12 / 2007
	Mailing Address PO Box 123	<b>Transaction ID:</b> 71002.C2835
	City State Zip Code Delaplaine AR 72425-0123	Amount of Each Receipt this Period 23.22
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (23.22- /Pay Period )
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 ▼ 572.56	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	279.93
<b>TOTAL</b> 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 / 44

(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 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 Director of Nursing - Walnut R

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 596.18

Date of Receipt

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

Transaction ID: 71114.C2907

Amount of Each Receipt this Period

23.62

Receipt

Payroll Deduction: (23.62- /Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Edward Heenan

Mailing Address 2005 Boxwood Dr

City State Zip Code  
Franklin TN 37069-6908

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

Name of Employer Occupation  
Advocat Inc. Training & Educat

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 756.55

Date of Receipt

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

Transaction ID: 70725.C1895

Amount of Each Receipt this Period

368.76

Receipt

Payroll Deduction: (30.73- /Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

David Hickman

Mailing Address 801 Brownstone Ct

City State Zip Code  
Nolensville TN 37135-9720

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

Name of Employer Occupation  
Advocat Inc. VP, Human Resources

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1564.40

Date of Receipt

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

Transaction ID: 70725.C1896

Amount of Each Receipt this Period

766.20

Receipt

Payroll Deduction: (63.85- /Pay Period )

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

1158.58

**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: (check only one)	PAGE 16 / 44
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Danielle Higdon	Date of Receipt MM / DD / YYYY 07 / 03 / 2007
	Mailing Address 377 Hutchens Rd	<b>Transaction ID:</b> 70925.C2828
	City State Zip Code Martin TN 38237-5377	Amount of Each Receipt this Period 23.23
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (23.23- /Pay Period )
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 ▼ 325.22	

<b>B.</b>	Full Name (Last, First, Middle Initial) Danielle Higdon	Date of Receipt MM / DD / YYYY 07 / 18 / 2007
	Mailing Address 377 Hutchens Rd	<b>Transaction ID:</b> 70725.C1939
	City State Zip Code Martin TN 38237-5377	Amount of Each Receipt this Period 290.04
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (24.17- /Pay Period )
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 ▼ 615.26	

<b>C.</b>	Full Name (Last, First, Middle Initial) Pamela Higgins	Date of Receipt MM / DD / YYYY 07 / 03 / 2007
	Mailing Address 115 Polk Road 109	<b>Transaction ID:</b> 70925.C2826
	City State Zip Code Mena AR 71953-8577	Amount of Each Receipt this Period 11.56
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (11.56- /Pay Period )
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Rich Mountain	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 161.84	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>324.83</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Pamela Higgins	Date of Receipt MM / DD / YYYY 07 / 18 / 2007
	Mailing Address 115 Polk Road 109	<b>Transaction ID:</b> 70725.C1937
	City State Zip Code Mena AR 71953-8577	Amount of Each Receipt this Period 12.50
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (12.50- /Pay Period )
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Rich Mountain	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 174.34	

<b>B.</b>	Full Name (Last, First, Middle Initial) Pamela Higgins	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 115 Polk Road 109	<b>Transaction ID:</b> 70925.C1954
	City State Zip Code Mena AR 71953-8577	Amount of Each Receipt this Period 144.43
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (13.13- /Pay Period )
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Rich Mountain	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 318.77	

<b>C.</b>	Full Name (Last, First, Middle Initial) Janice Horton	Date of Receipt MM / DD / YYYY 07 / 11 / 2007
	Mailing Address 4527 SE Highway 70	<b>Transaction ID:</b> 70725.C1885
	City State Zip Code Arcadia FL 34266-7787	Amount of Each Receipt this Period 343.92
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (28.66- /Pay Period )
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 ▼ 702.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.85</b>
<b>TOTAL</b> 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 / 44  
(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)  
 Robin Windham Jones  
 Mailing Address 4674 Riverbend Rd  
 City Trussville State AL Zip Code 35173-3506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Diversicare Management Service Occupation Regional VP, AL & TN  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 923.04  
 Date of Receipt 07 / 13 / 2007  
**Transaction ID:** 70725.C1898  
 Amount of Each Receipt this Period 173.07  
 Receipt  
 Payroll Deduction: (57.69- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
 Robin Windham Jones  
 Mailing Address 4674 Riverbend Rd  
 City Trussville State AL Zip Code 35173-3506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Diversicare Management Service Occupation Regional VP, AL & TN  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1462.77  
 Date of Receipt 08 / 24 / 2007  
**Transaction ID:** 70925.C2536  
 Amount of Each Receipt this Period 539.73  
 Receipt  
 Payroll Deduction: (59.97- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
 Rory Jones  
 Mailing Address 1515 Henderson Rd  
 City Malvern State AR Zip Code 72104-7950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advocat Inc. Occupation AR Regional Maintenance  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 219.45  
 Date of Receipt 07 / 13 / 2007  
**Transaction ID:** 70725.C1897  
 Amount of Each Receipt this Period 69.30  
 Receipt  
 Payroll Deduction: (11.55- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... **782.10**  
**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 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rory Jones	Date of Receipt MM / DD / YYYY 10 / 05 / 2007
	Mailing Address 1515 Henderson Rd	<b>Transaction ID:</b> 71114.C2928
	City Malvern State AR Zip Code 72104-7950	Amount of Each Receipt this Period 72.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Advocat Inc. Occupation AR Regional Maintenance	Payroll Deduction: (12.00- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.45	

<b>B.</b>	Full Name (Last, First, Middle Initial) Randi Kiphen	Date of Receipt MM / DD / YYYY 07 / 03 / 2007
	Mailing Address 10880 Gallia Pike Rd	<b>Transaction ID:</b> 70925.C2830
	City Wheelersburg State OH Zip Code 45694-8443	Amount of Each Receipt this Period 32.96
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Diversicare Leasing Corp Occupation Administrator - Best Care Nurs	Payroll Deduction: (32.96- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.44	

<b>C.</b>	Full Name (Last, First, Middle Initial) Randi Kiphen	Date of Receipt MM / DD / YYYY 07 / 18 / 2007
	Mailing Address 10880 Gallia Pike Rd	<b>Transaction ID:</b> 70725.C1941
	City Wheelersburg State OH Zip Code 45694-8443	Amount of Each Receipt this Period 411.48
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Diversicare Leasing Corp Occupation Administrator - Best Care Nurs	Payroll Deduction: (34.29- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 872.92	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>516.44</b>
<b>TOTAL</b> 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 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steve Levato	Date of Receipt MM / DD / YYYY 07 / 03 / 2007
	Mailing Address 306 Cliffwood Loop	<b>Transaction ID:</b> 70725.C1933
	City State Zip Code Hot Springs Natl P AR 71913-8735	Amount of Each Receipt this Period 121.16
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (30.29- /Pay Period )
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Garland	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 514.93	

<b>B.</b>	Full Name (Last, First, Middle Initial) Steve Levato	Date of Receipt MM / DD / YYYY 08 / 29 / 2007
	Mailing Address 306 Cliffwood Loop	<b>Transaction ID:</b> 70925.C2626
	City State Zip Code Hot Springs Natl P AR 71913-8735	Amount of Each Receipt this Period 252.32
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (31.54- /Pay Period )
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Garland	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 767.25	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lorey Lowe	Date of Receipt MM / DD / YYYY 07 / 13 / 2007
	Mailing Address P O Box 1813	<b>Transaction ID:</b> 70725.C1899
	City State Zip Code Olive Hill KY 41164	Amount of Each Receipt this Period 393.60
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt Payroll Deduction: (32.80- /Pay Period )
Name of Employer Advocat	Occupation KY Reg Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 804.14	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>767.08</b>
<b>TOTAL</b> 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 / 44  
(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)  
Deborah Mack  
Mailing Address 81 walnut rd  
City State Zip Code  
Glenwood AR 71943  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Advocat Inc. Occupation: S AR Area Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00  
Date of Receipt: 07 / 13 / 2007  
Transaction ID: 70725.C1900  
Amount of Each Receipt this Period: 135.00  
Receipt  
Payroll Deduction: (15.00- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Deborah Mack  
Mailing Address 81 walnut rd  
City State Zip Code  
Glenwood AR 71943  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Advocat Inc. Occupation: S AR Area Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 376.35  
Date of Receipt: 11 / 16 / 2007  
Transaction ID: 80103.C3070  
Amount of Each Receipt this Period: 46.35  
Receipt  
Payroll Deduction: (15.45- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Jimmie Manning  
Mailing Address 149 Riverwood Dr  
City State Zip Code  
Franklin TN 37069-4181  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Diversicare Management Service Occupation: VP, Purchasing & Property Mana  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1254.25  
Date of Receipt: 07 / 13 / 2007  
Transaction ID: 70725.C1901  
Amount of Each Receipt this Period: 602.04  
Receipt  
Payroll Deduction: (50.17- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► **783.39**  
**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: (check only one)	PAGE 22 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lisa Martens	Date of Receipt MM / DD / YYYY 07 / 13 / 2007
	Mailing Address 1339 Buckingham Cir	<b>Transaction ID:</b> 70725.C1902
	City State Zip Code Franklin TN 37064-5420	Amount of Each Receipt this Period 656.76
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Advocat Inc.	Occupation VP, Quality Management	Payroll Deduction: (54.73- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1340.95	

<b>B.</b>	Full Name (Last, First, Middle Initial) Wanda Meade	Date of Receipt MM / DD / YYYY 07 / 13 / 2007
	Mailing Address 15939 Lone Oak Dr	<b>Transaction ID:</b> 70725.C1903
	City State Zip Code Catlettsburg KY 41129-9290	Amount of Each Receipt this Period 173.07
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Diversicare Management Service	Occupation Regional VP, KY-OH-WV	Payroll Deduction: (57.69- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.04	

<b>C.</b>	Full Name (Last, First, Middle Initial) Wanda Meade	Date of Receipt MM / DD / YYYY 08 / 24 / 2007
	Mailing Address 15939 Lone Oak Dr	<b>Transaction ID:</b> 70925.C2541
	City State Zip Code Catlettsburg KY 41129-9290	Amount of Each Receipt this Period 540.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Diversicare Management Service	Occupation Regional VP, KY-OH-WV	Payroll Deduction: (60.00- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1463.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1369.83</b>
<b>TOTAL</b> 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 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sherri Miller		Date of Receipt MM / DD / YYYY 07 / 03 / 2007
	Mailing Address 303 Chestnut Hill Ro		Transaction ID: 70725.C1936
	City Summersville	State WV	Zip Code 26651
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 103.08
	Name of Employer Diversicare Leasing Co	Occupation Admin Administrator	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 128.85	Payroll Deduction: (25.77- /Pay Period )

<b>B.</b>	Full Name (Last, First, Middle Initial) Sherri Miller		Date of Receipt MM / DD / YYYY 08 / 29 / 2007
	Mailing Address 303 Chestnut Hill Ro		Transaction ID: 70925.C2629
	City Summersville	State WV	Zip Code 26651
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 242.28
	Name of Employer Diversicare Leasing Co	Occupation Admin Administrator	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 371.13	Payroll Deduction: (26.92- /Pay Period )

<b>C.</b>	Full Name (Last, First, Middle Initial) Kelli Montelongo		Date of Receipt MM / DD / YYYY 07 / 13 / 2007
	Mailing Address 421 Big Timber Drive		Transaction ID: 70925.C1978
	City Temple	State TX	Zip Code 76502
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 251.52
	Name of Employer Advocat	Occupation Business Office Coord - N. TX	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 516.07	Payroll Deduction: (20.96- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	596.88
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 44  
(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 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: Advocat   Occupation: Cont. Quality Improv. Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.32**

Date of Receipt: **07 / 13 / 2007**

**Transaction ID: 70725.C1905**

Amount of Each Receipt this Period: **266.04**

Receipt

Payroll Deduction: (29.56- /Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
Nita 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: Advocat   Occupation: Cont. Quality Improv. Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **742.63**

Date of Receipt: **11 / 16 / 2007**

**Transaction ID: 80103.C3075**

Amount of Each Receipt this Period: **92.31**

Receipt

Payroll Deduction: (30.77- /Pay Period)

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

Mailing Address P O Box 170

City State Zip Code  
Olive Hill KY 41164

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

Name of Employer: Advocat   Occupation: Minimum DataSets Specialist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **529.96**

Date of Receipt: **07 / 13 / 2007**

**Transaction ID: 70725.C1906**

Amount of Each Receipt this Period: **259.56**

Receipt

Payroll Deduction: (21.63- /Pay Period)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **617.91**

**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 25 / 44  
(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)  
Pamela Murphy  
Mailing Address 4704 Pyburn Ext  
City Pocahontas State AR Zip Code 72455-1322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Diversicare Leasing Corp Occupation Administrator - Pocahontas Hea  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00  
Date of Receipt 07 / 03 / 2007  
Transaction ID: 70725.C1927  
Amount of Each Receipt this Period 130.00  
Receipt  
Payroll Deduction: (10.00- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Treieva Oakley  
Mailing Address 901 Camellia Rd  
City Oneonta State AL Zip Code 35121  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Advocat Inc. Occupation Corp Training Coord  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 659.11  
Date of Receipt 07 / 13 / 2007  
Transaction ID: 70725.C1907  
Amount of Each Receipt this Period 321.24  
Receipt  
Payroll Deduction: (26.77- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Diane Patterson  
Mailing Address 310 Welchwood Dr  
City Clarksville State TN Zip Code 37040-6739  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Diversicare Leasing Corp Occupation Administrator - Manor House  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 175.00  
Date of Receipt 07 / 03 / 2007  
Transaction ID: 70925.C2819  
Amount of Each Receipt this Period 12.50  
Receipt  
Payroll Deduction: (12.50- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 463.74  
**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 26 / 44  
(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)  
 Diane Patterson  
 Mailing Address 310 Welchwood Dr  
 City State Zip Code  
 Clarksville TN 37040-6739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Diversicare Leasing Corp Administrator - Manor House  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 329.56  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 18 / 2007  
**Transaction ID:** 70725.C1930  
 Amount of Each Receipt this Period  
 154.56  
 Receipt  
 Payroll Deduction: (12.88- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
 Terena 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  
 Advocat VP of Marketing  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 306.31  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 13 / 2007  
**Transaction ID:** 70725.C1908  
 Amount of Each Receipt this Period  
 264.00  
 Receipt  
 Payroll Deduction: (44.00- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
 Robert Rice  
 Mailing Address 7147 Riverfront Dr  
 City State Zip Code  
 Nashville TN 37221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Diversicare Management Service VP, Corporate Compliance & Ris  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1061.54  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 13 / 2007  
**Transaction ID:** 70725.C1909  
 Amount of Each Receipt this Period  
 519.96  
 Receipt  
 Payroll Deduction: (43.33- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 938.52  
**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 27 / 44  
(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)  
Glynn Riddle

Mailing Address 1203 Signature Ct

City State Zip Code  
Franklin TN 37064-9663

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

Name of Employer: Advocat Inc. Occupation: Executive VP & CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.89

Date of Receipt: 09 / 21 / 2007

Transaction ID: 70925.C2665

Amount of Each Receipt this Period: 1346.17

Receipt

Payroll Deduction: (192.3-1/Pay Period)

**B.**

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

Mailing Address 1203 Signature Court

City State Zip Code  
Franklin TN 37064

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

Name of Employer: Advocat Occupation: CFO,EVP, Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.86

Date of Receipt: 07 / 13 / 2007

Transaction ID: 70725.C1911

Amount of Each Receipt this Period: 961.55

Receipt

Payroll Deduction: (192.3-1/Pay Period)

**C.**

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

Mailing Address 805 Merritt Dr

City State Zip Code  
Lockhart TX 78644-3335

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

Name of Employer: Diversicare Leasing Corp Occupation: Administrator - Chisolm Trail

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 683.53

Date of Receipt: 07 / 11 / 2007

Transaction ID: 70725.C1888

Amount of Each Receipt this Period: 332.76

Receipt

Payroll Deduction: (27.73-/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2640.48**

**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 28 / 44  
(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)  
Jessica Robison

Mailing Address P O Box 991

City State Zip Code  
Cabot AR 72023

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

Name of Employer Occupat  
Advocat Minimum DataSets Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 307.70

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2007

Transaction ID: 70725.C1912

Amount of Each Receipt this Period  
151.44

Receipt

Payroll Deduction: (12.62- /Pay Period )

**B.**

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

Mailing Address 3450 East Lake Drive

City State Zip Code  
Land O Lakes FL 34639

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

Name of Employer Occupat  
Advocat Florida CQI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 423.92

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2007

Transaction ID: 70725.C1913

Amount of Each Receipt this Period  
363.36

Receipt

Payroll Deduction: (30.28- /Pay Period )

**C.**

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

Mailing Address 4909 Walnut Hills Dr

City State Zip Code  
Louisville KY 40299-1044

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

Name of Employer Occupat  
Advocat Inc. Reg Director, HR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 969.44

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2007

Transaction ID: 70725.C1914

Amount of Each Receipt this Period  
475.44

Receipt

Payroll Deduction: (39.62- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► **990.24**

**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 / 44  
(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)  
Anna Sorrell  
Mailing Address 3519 Wolf Creek Rd  
City State Zip Code  
Huntington WV 25704-9175  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Advocat Inc. Occupation: Business Office Coord - KY Reg  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 426.58  
Date of Receipt: 07 / 13 / 2007  
Transaction ID: 70725.C1915  
Amount of Each Receipt this Period: 30.47  
Receipt  
Payroll Deduction: (30.47- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Anna Sorrell  
Mailing Address 3519 Wolf Creek Rd  
City State Zip Code  
Huntington WV 25704-9175  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Advocat Inc. Occupation: Business Office Coord - KY Reg  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 778.58  
Date of Receipt: 07 / 27 / 2007  
Transaction ID: 70925.C2470  
Amount of Each Receipt this Period: 352.00  
Receipt  
Payroll Deduction: (32.00- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Linda Stratton  
Mailing Address 713 Meeting Street  
City State Zip Code  
Franklin TN 37064  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Advocat Occupation: VP of Therapy Services  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 607.88  
Date of Receipt: 07 / 13 / 2007  
Transaction ID: 70725.C1916  
Amount of Each Receipt this Period: 561.12  
Receipt  
Payroll Deduction: (46.76- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 943.59  
**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 / 44  
(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)  
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: Advocat Inc. Occupation: Cont. Quality Improv. Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 612.26

Date of Receipt: 07 / 13 / 2007  
Transaction ID: 70725.C1917  
Amount of Each Receipt this Period: 250.47  
Receipt  
Payroll Deduction: (27.83- /Pay Period)

**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: Advocat Inc. Occupation: Cont. Quality Improv. Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.85

Date of Receipt: 11 / 16 / 2007  
Transaction ID: 80103.C3087  
Amount of Each Receipt this Period: 88.59  
Receipt  
Payroll Deduction: (29.53- /Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Liese Thornton  
Mailing Address 2149 west hwy 84

City State Zip Code  
Amity AR 71921

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

Name of Employer: Advocat Inc. Occupation: AR Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 432.87

Date of Receipt: 07 / 13 / 2007  
Transaction ID: 70725.C1918  
Amount of Each Receipt this Period: 210.96  
Receipt  
Payroll Deduction: (17.58- /Pay Period)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.02**

**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 31 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
E Kim Tirronen  
Mailing Address 16701 Richloam Ln  
City Spring Hill State FL Zip Code 34610-1657  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Advocat Inc. Occupation Resident Assesment Instru. Dir  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 907.50  
Date of Receipt 07 / 13 / 2007  
Transaction ID: 70725.C1919  
Amount of Each Receipt this Period 443.40  
Receipt  
Payroll Deduction: (36.95- /Pay Period )

**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. **C**  
Name of Employer Advocat Inc. Occupation Administrator - Boone Nursing  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 411.88  
Date of Receipt 07 / 03 / 2007  
Transaction ID: 70925.C2820  
Amount of Each Receipt this Period 29.42  
Receipt  
Payroll Deduction: (29.42- /Pay Period )

**C.** 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. **C**  
Name of Employer Advocat Inc. Occupation Administrator - Boone Nursing  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 782.56  
Date of Receipt 07 / 18 / 2007  
Transaction ID: 70725.C1931  
Amount of Each Receipt this Period 370.68  
Receipt  
Payroll Deduction: (30.89- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 843.50  
**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 32 / 44  
(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)  
Ann Trimble  
Mailing Address 5174 Danbury Court  
City State Zip Code  
Rockvale TN 37153  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupat  
Advocat AR Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 410.67  
Date of Receipt 07 / 13 / 2007  
Transaction ID: 70725.C1920  
Amount of Each Receipt this Period 379.08  
Receipt  
Payroll Deduction: (31.59- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Raymond Tyler  
Mailing Address 1400 Vintage Cir  
City State Zip Code  
Franklin TN 37064-9697  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupat  
Advocat Inc. Executive VP & COO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4807.75  
Date of Receipt 07 / 13 / 2007  
Transaction ID: 70725.C1922  
Amount of Each Receipt this Period 2307.72  
Receipt  
Payroll Deduction: (192.3- 1/Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Roger Walls  
Mailing Address P O Box 572  
City State Zip Code  
Falkville AL 35622  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupat  
Advocat Business Office Coord - AL Reg  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 625.00  
Date of Receipt 07 / 13 / 2007  
Transaction ID: 70725.C1923  
Amount of Each Receipt this Period 300.00  
Receipt  
Payroll Deduction: (25.00- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2986.80  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 44  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Terena Walton

Mailing Address 21 Cottonwood Ln

City Dyersburg State TN Zip Code 38024-6548

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

Name of Employer Advocat Inc. Occupation VP, Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 771.72

Date of Receipt 09 / 21 / 2007

Transaction ID: 70925.C2662

Amount of Each Receipt this Period 264.00

Receipt

Payroll Deduction: (44.00- /Pay Period )

**B.**

Full Name (Last, First, Middle Initial)  
Matthew Weishaar

Mailing Address 376 Sandcastle Road

City Franklin State TN Zip Code 37069

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

Name of Employer Advocat Occupation VP Fin & Controll

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1284.99

Date of Receipt 07 / 13 / 2007

Transaction ID: 70725.C1924

Amount of Each Receipt this Period 629.40

Receipt

Payroll Deduction: (52.45- /Pay Period )

**C.**

Full Name (Last, First, Middle Initial)  
Charles Wheeler

Mailing Address PO Box 32144

City Knoxville State TN Zip Code 37930-2144

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

Name of Employer Diversicare Leasing Corp Occupation Administrator - Briarcliff Hea

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 478.66

Date of Receipt 07 / 03 / 2007

Transaction ID: 70925.C2818

Amount of Each Receipt this Period 34.19

Receipt

Payroll Deduction: (34.19- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 927.59

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 44
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Chyra Worthington	Date of Receipt MM / DD / YYYY 07 / 03 / 2007
	Mailing Address 1723 Royal Oaks Dr	<b>Transaction ID:</b> 70725.C1926
	City Malvern State AR Zip Code 72104-5752	Amount of Each Receipt this Period 48.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 360.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Chyra Worthington	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 1723 Royal Oaks Dr	<b>Transaction ID:</b> 70925.C1943
	City Malvern State AR Zip Code 72104-5752	Amount of Each Receipt this Period 285.12
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Diversicare Leasing Corp Occupation Administrator - Sheridan	Payroll Deduction: (25.92- /Pay Period )	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 645.12	

<b>C.</b>	Full Name (Last, First, Middle Initial) Samuel Wright	Date of Receipt MM / DD / YYYY 07 / 03 / 2007
	Mailing Address 7863 Highway 828	<b>Transaction ID:</b> 70725.C1934
	City Louisa State KY Zip Code 41230-5525	Amount of Each Receipt this Period 123.08
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Diversicare Leasing Corp Occupation Administrator - Carter Nursing	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 ▼ 523.09	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>456.20</b>
<b>TOTAL</b> 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 35 / 44	
	(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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Samuel Wright		Date of Receipt
	Mailing Address 7863 Highway 828		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Louisa	KY	41230-5525
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Diversicare Leasing Corp		Occupation Administrator - Carter Nursing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="811.09"/>	Transaction ID: 70925.C2627
			Amount of Each Receipt this Period <input type="text" value="288.00"/>
			Receipt
			Payroll Deduction: (32.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="288.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="26711.91"/>

**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 36 / 44

<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><b>A.</b> 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 10/29/07 EVENT; PAC TO PPC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>	<p><b>Transaction ID:</b> 71114.E107 <b>Date of Disbursement</b> 10 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>10/29/07 EVENT; PAC TO PPC</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Altmire</p> <p>Mailing Address P.O. Box 1776</p> <p>City Freedom State PA Zip Code 15042-</p> <p>Purpose of Disbursement PA-04 US HOUSE</p> <p>Candidate Name JASON ALTMIRE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71114.E105 <b>Date of Disbursement</b> 10 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>PA-04 US HOUSE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AMERIPAC</p> <p>Mailing Address 499 S Capitol St SW</p> <p>City Washington State DC Zip Code 20003-4047</p> <p>Purpose of Disbursement 10/15/07 EVENT; 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: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>	<p><b>Transaction ID:</b> 71002.E100 <b>Date of Disbursement</b> 10 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>10/15/07 EVENT; PAC TO PAC</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)

<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) Glacier PAC	Transaction ID: 71114.E114 Date of Disbursement 11 / 07 / 2007
	Mailing Address 236 Massachusetts Avenue, BE, Ste	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20002-	
	Purpose of Disbursement 11/7/07 EVENT	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	Other
		11/7/07 EVENT

B.	Full Name (Last, First, Middle Initial) Friends of Max Baucus	Transaction ID: 71114.E113 Date of Disbursement 11 / 07 / 2007
	Mailing Address 818 Connecticut Avenue NW Ste. 110	Amount of Each Disbursement this Period 4500.00
	City Washington State DC Zip Code 20006-	
	Purpose of Disbursement 11/7/07 EVENT; MT US SENATE	
	Candidate Name MAX BAUCUS	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MT District: 00	Other
		11/7/07 EVENT; MT US SENATE

C.	Full Name (Last, First, Middle Initial) Robert Daskas for Congress	Transaction ID: 80103.E120 Date of Disbursement 11 / 29 / 2007
	Mailing Address 1001 G Street, NW	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20001-	
	Purpose of Disbursement 12/5/07 EVENT; NV-03 US HOUSE	
	Candidate Name ROBERT JAMES DASKAS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NV District: 03	Other
		12/5/07 EVENT; NV-03 US HOUSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<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 38 / 44

<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><b>A.</b> Full Name (Last, First, Middle Initial) Gillibrand for Congress</p> <p>Mailing Address P.O. Box 15734</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement NY-20 US HOUSE</p> <p>Candidate Name KIRSTEN E GILLIBRAND</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71114.E104 <b>Date of Disbursement:</b> 10 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>NY-20 US HOUSE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ORRINPAC</p> <p>Mailing Address PO Box 1480</p> <p>City Washington State DC Zip Code 20013-1480</p> <p>Purpose of Disbursement 9/18/07 EVENT; UT US SENATE</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: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71002.E97 <b>Date of Disbursement:</b> 09 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>9/18/07 EVENT; UT US SENATE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kind For Congress Committee</p> <p>Mailing Address 38 Ivy Street, SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement 7/25/07 EVENT; WI-03 US HOUSE</p> <p>Candidate Name RON KIND</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 70725.E94 <b>Date of Disbursement:</b> 07 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>7/25/07 EVENT; WI-03 US HOUSE</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<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)

<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)  
Larson For Congress

Transaction ID: 80103.E121  
Date of Disbursement

Mailing Address 200 East Jefferson Street

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

City Falls Church State VA Zip Code 22046-

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
12/12/07 EVENT; CT-01 US HOUSE

Category/  
Type

Candidate Name  
JOHN B LARSON

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

12/12/07 EVENT; CT-01 US HOUSE

State: CT District: 01

B.

Full Name (Last, First, Middle Initial)  
Time Mahoney for Florida

Transaction ID: 71114.E102  
Date of Disbursement

Mailing Address 4114 Northlake Blvd Ste 300

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

City Palm Beach Gardens State FL Zip Code 33410-

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
FL-16 US HOUSE

Category/  
Type

Candidate Name  
TIMOTHY EDWARD MAHONEY

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

FL-16 US HOUSE

State: FL District: 16

C.

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

Transaction ID: 71114.E108  
Date of Disbursement

Mailing Address P.O. Box 5577

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

City New York State NY Zip Code 10027-

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
10/29/07 EVENT; NY-15 US HOUSE

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

10/29/07 EVENT; NY-15 US HOUSE

State: District:

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

4000.00
---------

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

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# 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 40 / 44

<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><b>A.</b> Full Name (Last, First, Middle Initial) Pallone for Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740-3176</p> <p>Purpose of Disbursement 7/17/07 EVENT; NJ-06 US HOUSE</p> <p>Candidate Name FRANK PALLONE, JR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 70725.E93 <b>Date of Disbursement</b> 07 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>7/17/07 EVENT; NJ-06 US HOUSE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013-0214</p> <p>Purpose of Disbursement ND-AT LARGE US HOUSE</p> <p>Candidate Name EARL RALPH POMEROY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80103.E118 <b>Date of Disbursement</b> 11 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>ND-AT LARGE US HOUSE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rangel for Congress</p> <p>Mailing Address PO Box 5577, Manhattanville Statio</p> <p>City New York State NY Zip Code 10027-</p> <p>Purpose of Disbursement 10/29/07 EVENT; NY-15 US HOUSE</p> <p>Candidate Name CHARLES B RANGEL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71114.E106 <b>Date of Disbursement</b> 10 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>10/29/07 EVENT; NY-15 US HOUSE</p>

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

4000.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends For Harry Reid</p> <p>Mailing Address 426 C Street, NE, Rear Building</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement 10/25/07 EVENT NY US SENATE</p> <p>Candidate Name HARRY REID</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71114.E111 <b>Date of Disbursement</b> 10 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>10/25/07 EVENT NY US SENATE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Jay Rockefeller</p> <p>Mailing Address PO Box 1909</p> <p>City Charleston State WV Zip Code 25327-</p> <p>Purpose of Disbursement 8/21/07 EVENT; WV US SENATE</p> <p>Candidate Name JOHN DAVISON ROCKEFELLER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 70925.E95 <b>Date of Disbursement</b> 08 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>8/21/07 EVENT; WV US SENATE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Gordon Smith</p> <p>Mailing Address 900 19th Street, NW, 8th Floor</p> <p>City Washington State DC Zip Code 20006-</p> <p>Purpose of Disbursement 10/23/07 EVENT; OR US SENATE</p> <p>Candidate Name GORDON HAROLD SMITH</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71114.E110 <b>Date of Disbursement</b> 10 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>10/23/07 EVENT; OR US SENATE</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<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)

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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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Stabenow for U.S. Senate</p> <p>Mailing Address PO Box 4945</p> <p>City East Lansing State MI Zip Code 48826-4945</p> <p>Purpose of Disbursement 10/25/07 EVENT; MI US SENATE</p> <p>Candidate Name DEBBIE STABENOW</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71114.E109</p> <p>Date of Disbursement 10 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>10/25/07 EVENT; MI US SEN- ATE</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mike Thompson for Congress</p> <p>Mailing Address 236 massachusetts Ave; Ste. 508</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement 11/8/07 EVENT; CA-01 US HOUSE</p> <p>Candidate Name MIKE THOMPSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71114.E115</p> <p>Date of Disbursement 11 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>11/8/07 EVENT; CA-01 US HOUSE</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Stephanie Tubbs Jones for U.S. Congress</p> <p>Mailing Address 2645 Warrensville Center Road Suite 331</p> <p>City Shaker Heights State OH Zip Code 44122-</p> <p>Purpose of Disbursement 12/11/07 EVENT; OH-11 US HOUSE</p> <p>Candidate Name STEPHANIE TUBBS-JONES</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80103.E122</p> <p>Date of Disbursement 12 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>12/11/07 EVENT; OH-11 US HOUSE</p>

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

2500.00

**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)  
Tim Walz for US Congress

Mailing Address PO BOX 938

City Mankato State MN Zip Code 56002-

Purpose of Disbursement  
MN-01 US HOUSE

Candidate Name  
TIMOTHY J WALZ

Office Sought:  House  
 Senate  
 President

State: MN District: 01

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 71114.E103

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

MN-01 US HOUSE

B.

Full Name (Last, First, Middle Initial)  
Robin Weirauch for Congress

Mailing Address PO Box 301

City Napoleon State OH Zip Code 43545-

Purpose of Disbursement  
OH-05 US HOUSE

Candidate Name  
ROBIN WEIRAUCH

Office Sought:  House  
 Senate  
 President

State: OH District: 05

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

Transaction ID: 80103.E119

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

OH-05 US HOUSE

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

2000.00

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

30500.00

# 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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Steve Beshear for Governor</p> <p>Mailing Address PO Box 4227</p> <p>City Frankfort State KY Zip Code 40604-</p> <p>Purpose of Disbursement KY GOVERNOR</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> 71114.E112 <b>Date of Disbursement:</b> 10 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kentucky Democratic House Caucus Camp</p> <p>Mailing Address PO Box 694</p> <p>City Frankfort State KY Zip Code 40602-0694</p> <p>Purpose of Disbursement PAC TO STATE PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other</p>	<p><b>Transaction ID:</b> 80107.E123 <b>Date of Disbursement:</b> 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) LINCPAC</p> <p>Mailing Address 301 4th St NE Ste 301 Suite 301</p> <p>City Washington State DC Zip Code 20002-5813</p> <p>Purpose of Disbursement 11/15/07 EVENT; PAC TO PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other</p>	<p><b>Transaction ID:</b> 80103.E117 <b>Date of Disbursement:</b> 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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

4500.00

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

4500.00