

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 04 01 2006 through 06 30 2006

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

Type or Print Name of Treasurer Will Council

Signature of Treasurer Electronically Filed by Will Council Date 07 14 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
 Advocat Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		0.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	12215.00									
(c) Total Receipts (from Line 19)	22556.30	34771.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34771.30	34771.30								
7. Total Disbursements (from Line 31)	8887.06	8887.06								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25884.24	25884.24								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Advocat Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	19084.80	31299.80
(i) Itemized (use Schedule A)	3084.44	3084.44
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22169.24	34384.24
(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)	22169.24	34384.24
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)	387.06	387.06
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))	22556.30	34771.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22556.30	34771.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	387.06	387.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	387.06	387.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	8500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8887.06	8887.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8887.06	8887.06

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	22169.24	34384.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22169.24	34384.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	387.06	387.06
37. Offsets to Operating Expenditures (from Line 15, page 3)	387.06	387.06
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

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

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

Full Name (Last, First, Middle Initial) A. David Hickman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6	
Mailing Address 801 Brownstone Ct		Transaction ID: 60711.C15	
City State Zip Code Nolensville TN 37135-9720	Amount of Each Receipt this Period 429.80		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Advocat Inc.	Occupation VP, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.80		
		Payroll Deduction: (61.40- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Robin Windham Jones		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 4674 Riverbend Rd		Transaction ID: 60711.C12	
City State Zip Code Trussville AL 35173-3506	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Diversicare Management Se- rvice	Occupation Regional VP, AL & TN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Jimmie Manning		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address 149 Riverwood Dr		Transaction ID: 60407.C1	
City State Zip Code Franklin TN 37069-4181	Amount of Each Receipt this Period 1255.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Diversicare Management Se- rvice	Occupation VP, Purchasing & Property Mana		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1255.00		

SUBTOTAL of Receipts This Page (optional) ▶	3184.80
TOTAL This Period (last page this line number only) ▶	

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

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

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

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

Mailing Address 1339 Buckingham Cir

City State Zip Code
Franklin TN 37064-5420

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 368.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	0	6

Transaction ID: 60711.C16

Amount of Each Receipt this Period
368.41

Receipt

Payroll Deduction: (52.63- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Loren Martin

Mailing Address 10099 Gillespie Oaks Cv

City State Zip Code
Lakeland TN 38002-8281

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

Name of Employer: Diversicare Management Service Occupation: Director, Loss Prevention

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	0	6

Transaction ID: 60711.C13

Amount of Each Receipt this Period
380.00

Receipt

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

Mailing Address 15939 Lone Oak Dr

City State Zip Code
Catlettsburg KY 41129-9290

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

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

Transaction ID: 60711.C10

Amount of Each Receipt this Period
1500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2248.41
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 16
	<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

Full Name (Last, First, Middle Initial) A. Wanda Meade		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 15939 Lone Oak Dr		Transaction ID: 60711.C20
City State Zip Code Catlettsburg KY 41129-9290	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 302.88
Name of Employer Diversicare Management Service	Occupation Regional VP, KY-OH-WV	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1802.88	Payroll Deduction: (50.48- /Pay Period)

Full Name (Last, First, Middle Initial) B. Robert Rice		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 7147 Riverfront Dr		Transaction ID: 60711.C9
City State Zip Code Nashville TN 37221	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00
Name of Employer Diversicare Management Service	Occupation VP, Corporate Compliance & Ris	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Robert Rice		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 7147 Riverfront Dr		Transaction ID: 60711.C21
City State Zip Code Nashville TN 37221	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 249.96
Name of Employer Diversicare Management Service	Occupation VP, Corporate Compliance & Ris	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2749.96	Payroll Deduction: (41.66- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	3052.84
TOTAL This Period (last page this line number only)	

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

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

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 1 / 2 0 0 6

Transaction ID: 60711.C11

Amount of Each Receipt this Period
5000.00

Receipt

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: Advocat Inc. Occupation: Executive VP & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 6

Transaction ID: 60711.C8

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 21 Cottonwood Ln

City State Zip Code
Dyersburg TN 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 ▼ 296.17

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: 60711.C17

Amount of Each Receipt this Period
296.17

Receipt

Payroll Deduction: (42.31- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	10296.17
TOTAL This Period (last page this line number only)	▶	

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

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

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

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

Mailing Address 408 Stable Dr

City State Zip Code
 Franklin TN 37069-4167

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

Name of Employer Occupation
 Advocat Inc. VP Fin & Controll

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 302.58

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 1 / 2 0 0 6

Transaction ID: 60711.C224

Amount of Each Receipt this Period
 302.58

Receipt

Payroll Deduction: (50.43- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	302.58
TOTAL This Period (last page this line number only)	▶	19084.80

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

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

Mailing Address 1729 Mallory Ln

City State Zip Code
Brentwood TN 37027-7986

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
90.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	6

Transaction ID: 60711.C14

Amount of Each Receipt this Period
90.79

Offsets to Operating Expenditure

B. Full Name (Last, First, Middle Initial)
AmSouth Bank

Mailing Address 1729 Mallory Ln

City State Zip Code
Brentwood TN 37027-7986

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
387.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	6

Transaction ID: 60711.C309

Amount of Each Receipt this Period
296.27

Offsets to Operating Expenditure

SUBTOTAL of Receipts This Page (optional)	▶	387.06
TOTAL This Period (last page this line number only)	▶	387.06

**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 12 / 16

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

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

Full Name (Last, First, Middle Initial) A. AmSouth Bank		Transaction ID: 60711.E4 Date of Disbursement 04 / 21 / 2006	
Mailing Address 1729 Mallory Ln		Amount of Each Disbursement this Period 90.79	
City Brentwood	State TN	Zip Code 37027-7986	Category/ Type
Purpose of Disbursement BANK FEES - CHECKS			
Candidate Name		BANK FEES - CHECKS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. AmSouth Bank		Transaction ID: 60711.E5 Date of Disbursement 05 / 26 / 2006	
Mailing Address 1729 Mallory Ln		Amount of Each Disbursement this Period 296.27	
City Brentwood	State TN	Zip Code 37027-7986	Category/ Type
Purpose of Disbursement BANK FEES - CHECKS			
Candidate Name		BANK FEES - CHECKS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

387.06

TOTAL This Period (last page this line number only)

387.06

**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

Full Name (Last, First, Middle Initial) A. Friends of John Boehner		Transaction ID: 60711.E3 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 7908 Cincinnati Dayton Rd Unit 1		Amount of Each Disbursement this Period 1500.00
City West Chester State OH Zip Code 45069-6664	Category/ Type OH-08 US HOUSE G06	
Purpose of Disbursement OH-08 US HOUSE G06		
Candidate Name JOHN A BOEHNER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of John Boehner		Transaction ID: 60711.E13 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 7908 Cincinnati Dayton Rd Unit 1		Amount of Each Disbursement this Period 1000.00
City West Chester State OH Zip Code 45069-6664	Category/ Type OH-08 US HOUSE G06	
Purpose of Disbursement OH-08 US HOUSE G06		
Candidate Name JOHN A BOEHNER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Campaign for Americas Future		Transaction ID: 60711.E7 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address PO Box 1480		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20013-1480	Category/ Type EVENT 6/28/06	
Purpose of Disbursement EVENT 6/28/06		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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

Full Name (Last, First, Middle Initial) A. The Congressional Majority Committee		Transaction ID: 60711.E9 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address PO Box 746		Amount of Each Disbursement this Period 500.00
City Bakersfield State CA Zip Code 93302-0746	Category/ Type	
Purpose of Disbursement EVENT 6/21/06		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	EVENT 6/21/06

Full Name (Last, First, Middle Initial) B. People for English		Transaction ID: 60711.E8 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address PO Box 1940		Amount of Each Disbursement this Period 500.00
City Erie State PA Zip Code 16507-0940	Category/ Type	
Purpose of Disbursement EVENT 6/29/06; PA-03 US HOUSE G06		
Candidate Name PHILIP S ENGLISH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EVENT 6/29/06; PA-03 US HOUSE G06

Full Name (Last, First, Middle Initial) C. KOMPAC		Transaction ID: 60711.E11 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address PO Box 20209		Amount of Each Disbursement this Period 1500.00
City Alexandria State VA Zip Code 22320-1209	Category/ Type	
Purpose of Disbursement EVENT 6/15/06		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	EVENT 6/15/06

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

Full Name (Last, First, Middle Initial) A. NRCC		Transaction ID: 60711.E10 Date of Disbursement 06 / 19 / 2006	
Mailing Address 320 1st St SE		Amount of Each Disbursement this Period 1500.00	
City Washington State DC Zip Code 20003-1838	Purpose of Disbursement EVENT 6/19/06	Category/ Type	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	EVENT 6/19/06	

Full Name (Last, First, Middle Initial) B. Pryce for Congress		Transaction ID: 60711.E1 Date of Disbursement 05 / 19 / 2006	
Mailing Address 145 E Rich St Ste 2		Amount of Each Disbursement this Period 1000.00	
City Columbus State OH Zip Code 43215-5240	Purpose of Disbursement OH-15 US HOUSE G06	Category/ Type	
Candidate Name DEBORAH D. PRYCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OH-15 US HOUSE G06	

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

8500.00

Image# 26960209690

Form/Schedule: **F3XN** The contributions to John Boehner totalling \$2500 exceed our limit of \$2100 for being a non-multicandidate committee and we have requested a refund of \$400 from the campaign.
Transaction ID: **C00421735**
