

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 2009 through 12 31 2009

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

Type or Print Name of Treasurer William R. Council III

Signature of Treasurer Electronically Filed by William R. Council III Date 01 29 2010

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

Office Use Only **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	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		7017.93
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	4430.51									
(c) Total Receipts (from Line 19)	29342.20	56754.78								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33772.71	63772.71								
7. Total Disbursements (from Line 31)	29000.00	59000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4772.71	4772.71								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Advocat Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	27460.37	43225.40
(ii) Unitemized	881.83	12529.38
(iii) TOTAL (add Lines 11(a)(i) and (ii)	28342.20	55754.78
(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)	28342.20	55754.78
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	1000.00	1000.00
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))	29342.20	56754.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29342.20	56754.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26500.00	56500.00
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.....	2500.00	2500.00
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))..	29000.00	59000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29000.00	59000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	28342.20	55754.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28342.20	55754.78
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 / 240
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) David T. Barker		Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 4512 Austin Drive		Transaction ID: AC1A53EC9537640B18AE
	City North Little Rock	State AR	Zip Code 72116-7018
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 54.23
	Name of Employer Diversicare Management Services	Occupation Arkansas Rvp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 704.99	

B.	Full Name (Last, First, Middle Initial) David T. Barker		Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 4512 Austin Drive		Transaction ID: AB9E6ADDBEEF44369859
	City North Little Rock	State AR	Zip Code 72116-7018
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 54.23
	Name of Employer Diversicare Management Services	Occupation Arkansas Rvp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 759.22	

C.	Full Name (Last, First, Middle Initial) David T. Barker		Date of Receipt MM / DD / YYYY 08 / 07 / 2009
	Mailing Address 4512 Austin Drive		Transaction ID: A57B6DFBB3CBA4F2AB6E
	City North Little Rock	State AR	Zip Code 72116-7018
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 54.23
	Name of Employer Diversicare Management Services	Occupation Arkansas Rvp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 813.45	

SUBTOTAL of Receipts This Page (optional)	▶	162.69
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

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

Mailing Address 4512 Austin Drive

City North Little Rock State AR Zip Code 72116-7018

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

Name of Employer: Diversicare Management Services
Occupation: Arkansas Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 867.68

Date of Receipt: 08 / 21 / 2009
Transaction ID: A99E255FF4D394D2BA3A
 Amount of Each Receipt this Period: 54.23

B.

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

Mailing Address 4512 Austin Drive

City North Little Rock State AR Zip Code 72116-7018

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

Name of Employer: Diversicare Management Services
Occupation: Arkansas Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 921.91

Date of Receipt: 09 / 04 / 2009
Transaction ID: A9C23DE4FE6C44EE28B4
 Amount of Each Receipt this Period: 54.23

C.

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

Mailing Address 4512 Austin Drive

City North Little Rock State AR Zip Code 72116-7018

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

Name of Employer: Diversicare Management Services
Occupation: Arkansas Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 976.14

Date of Receipt: 09 / 18 / 2009
Transaction ID: A08BF27FA321045D295E
 Amount of Each Receipt this Period: 54.23

SUBTOTAL of Receipts This Page (optional) ► **162.69**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 240
	<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) David T. Barker	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 4512 Austin Drive	Transaction ID: A54BB8DAC24B14D508BB
	City State Zip Code North Little Rock AR 72116-7018	Amount of Each Receipt this Period 54.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Arkansas Rvp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1030.37	

B.	Full Name (Last, First, Middle Initial) David T. Barker	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 4512 Austin Drive	Transaction ID: A08172D98A5064B3D861
	City State Zip Code North Little Rock AR 72116-7018	Amount of Each Receipt this Period 54.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Arkansas Rvp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1084.60	

C.	Full Name (Last, First, Middle Initial) David T. Barker	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 4512 Austin Drive	Transaction ID: AAAF56B63E1EE49CEA3B
	City State Zip Code North Little Rock AR 72116-7018	Amount of Each Receipt this Period 54.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Arkansas Rvp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1138.83	

SUBTOTAL of Receipts This Page (optional)	▶	162.69
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David T. Barker		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 4512 Austin Drive		Transaction ID: AB10AA77EC8F145F69E8
	City North Little Rock	State AR	Zip Code 72116-7018
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 54.23
	Name of Employer Diversicare Management Services	Occupation Arkansas Rvp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1193.06	

B.	Full Name (Last, First, Middle Initial) David T. Barker		Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 4512 Austin Drive		Transaction ID: AA750800EAC4B417C843
	City North Little Rock	State AR	Zip Code 72116-7018
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 54.23
	Name of Employer Diversicare Management Services	Occupation Arkansas Rvp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1247.29	

C.	Full Name (Last, First, Middle Initial) David T. Barker		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 4512 Austin Drive		Transaction ID: A52312AC8DAB34E59971
	City North Little Rock	State AR	Zip Code 72116-7018
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 54.23
	Name of Employer Diversicare Management Services	Occupation Arkansas Rvp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1301.52	

SUBTOTAL of Receipts This Page (optional)	162.69
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 240
(check only one)

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

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

A.

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

Mailing Address 4512 Austin Drive

City State Zip Code
North Little Rock AR 72116-7018

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

Name of Employer Occupation
Diversicare Management Services Arkansas Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1355.75

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: AE60AB52A43614655829

Amount of Each Receipt this Period
54.23

B.

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

Mailing Address 2615 White Moon Dr

City State Zip Code
Harker Heights TX 76548-2810

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
408.80

Date of Receipt
MM / DD / YYYY
07 / 09 / 2009

Transaction ID: A309A02BE9EC84001A2A

Amount of Each Receipt this Period
29.20

C.

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

Mailing Address 6107 Co Rd 122

City State Zip Code
Pisgah AL 35765-9371

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.90

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: A3AA8ECF9BB7E423BAA1

Amount of Each Receipt this Period
40.50

SUBTOTAL of Receipts This Page (optional) ► **123.93**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 240
(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)
Wendy Bell

Mailing Address 2615 White Moon Dr

City State Zip Code
Harker Heights TX 76548-2810

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 438.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2009

Transaction ID: A08ED7C90D92E4ED894B

Amount of Each Receipt this Period
29.20

B.

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

Mailing Address 6107 Co Rd 122

City State Zip Code
Pisgah AL 35765-9371

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 551.40

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: AB7E016166A8F49BB8E6

Amount of Each Receipt this Period
40.50

C.

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

Mailing Address 2615 White Moon Dr

City State Zip Code
Harker Heights TX 76548-2810

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 467.20

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2009

Transaction ID: A4583139011B84F1CA5B

Amount of Each Receipt this Period
29.20

SUBTOTAL of Receipts This Page (optional) ► 98.90

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 240
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 6107 Co Rd 122

City Pisgah State AL Zip Code 35765-9371

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 591.90

Date of Receipt 08 / 07 / 2009

Transaction ID: A7B27ADCEB9C840D49F9

Amount of Each Receipt this Period 40.50

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

Mailing Address 2615 White Moon Dr

City Harker Heights State TX Zip Code 76548-2810

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

Name of Employer Diversicare Leasing Corporation Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 496.40

Date of Receipt 08 / 20 / 2009

Transaction ID: A43904D50CB48446E9A4

Amount of Each Receipt this Period 29.20

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

Mailing Address 6107 Co Rd 122

City Pisgah State AL Zip Code 35765-9371

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 632.40

Date of Receipt 08 / 21 / 2009

Transaction ID: A5F9DAB364E614E0EA0E

Amount of Each Receipt this Period 40.50

SUBTOTAL of Receipts This Page (optional) ► 110.20

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

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

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

FOR LINE NUMBER: PAGE 13 / 240
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2615 White Moon Dr

City State Zip Code
Harker Heights TX 76548-2810

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 525.60

Date of Receipt

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

Transaction ID: A485CCA4B30F24FEA9C5

Amount of Each Receipt this Period
29.20

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

Mailing Address 6107 Co Rd 122

City State Zip Code
Pisgah AL 35765-9371

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 672.90

Date of Receipt

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

Transaction ID: ACA012D164FC44AE1A62

Amount of Each Receipt this Period
40.50

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

Mailing Address 2615 White Moon Dr

City State Zip Code
Harker Heights TX 76548-2810

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 554.80

Date of Receipt

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

Transaction ID: AC2862DD841DD40B8AEF

Amount of Each Receipt this Period
29.20

SUBTOTAL of Receipts This Page (optional) ► **98.90**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 240
(check only one)

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

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

A.

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

Mailing Address 6107 Co Rd 122

City State Zip Code
Pisgah AL 35765-9371

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
713.40

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: A9708B3C1F329412E897

Amount of Each Receipt this Period
40.50

B.

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

Mailing Address 6107 Co Rd 122

City State Zip Code
Pisgah AL 35765-9371

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
753.90

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2009

Transaction ID: ADDEEFBE16EB54590B7E

Amount of Each Receipt this Period
40.50

C.

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

Mailing Address 2615 White Moon Dr

City State Zip Code
Harker Heights TX 76548-2810

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
613.20

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2009

Transaction ID: AF9576E7DB5844B878FC

Amount of Each Receipt this Period
29.20

SUBTOTAL of Receipts This Page (optional) ► **110.20**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Wendy Bell		Date of Receipt MM / DD / YYYY 10 / 15 / 2009
Mailing Address 2615 White Moon Dr		Transaction ID: A9360805196594E06888
City Harker Heights	State TX	
Zip Code 76548-2810		Amount of Each Receipt this Period 29.20
FEC ID number of contributing federal political committee. C		
Name of Employer Diversicare Leasing Corporation	Occupation Admin Administrator-exemp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 613.20	

B.

Full Name (Last, First, Middle Initial) Barry C. Bell		Date of Receipt MM / DD / YYYY 10 / 16 / 2009
Mailing Address 6107 Co Rd 122		Transaction ID: AD1D99C1CB6104A70B01
City Pisgah	State AL	
Zip Code 35765-9371		Amount of Each Receipt this Period 40.50
FEC ID number of contributing federal political committee. C		
Name of Employer Diversicare Management Services	Occupation AL/TN Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 794.40	

C.

Full Name (Last, First, Middle Initial) Barry C. Bell		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
Mailing Address 6107 Co Rd 122		Transaction ID: ABCB94DA986364A62AED
City Pisgah	State AL	
Zip Code 35765-9371		Amount of Each Receipt this Period 40.50
FEC ID number of contributing federal political committee. C		
Name of Employer Diversicare Management Services	Occupation AL/TN Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 834.90	

SUBTOTAL of Receipts This Page (optional)	▶	110.20
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 240
(check only one)

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

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

A.

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

Mailing Address 6107 Co Rd 122

City State Zip Code
Pisgah AL 35765-9371

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 875.40

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: A87508930FA21419D883

Amount of Each Receipt this Period
40.50

B.

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

Mailing Address 6107 Co Rd 122

City State Zip Code
Pisgah AL 35765-9371

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 915.90

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

Transaction ID: A6B98FB26EC6F4602A0F

Amount of Each Receipt this Period
40.50

C.

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

Mailing Address 6107 Co Rd 122

City State Zip Code
Pisgah AL 35765-9371

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 956.40

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

Transaction ID: AA3697D48F80047148F2

Amount of Each Receipt this Period
40.50

SUBTOTAL of Receipts This Page (optional) ► **121.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 240
(check only one)

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

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

A.

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

Mailing Address 6107 Co Rd 122

City Pisgah State AL Zip Code 35765-9371

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 996.90

Date of Receipt: 12 / 24 / 2009
Transaction ID: A135453AB407443938CE
Amount of Each Receipt this Period: 40.50

B.

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

Mailing Address 1310 Dove Ln

City Lockhart State TX Zip Code 78644-2459

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 407.89

Date of Receipt: 07 / 09 / 2009
Transaction ID: A3939D2ACD4A84D3BAFB
Amount of Each Receipt this Period: 29.42

C.

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

Mailing Address 1310 Dove Ln

City Lockhart State TX Zip Code 78644-2459

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.31

Date of Receipt: 07 / 23 / 2009
Transaction ID: ACAD5CF3E499F46E490F
Amount of Each Receipt this Period: 29.42

SUBTOTAL of Receipts This Page (optional) ► **99.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 240
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

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

Mailing Address 1310 Dove Ln

City Lockhart State TX Zip Code 78644-2459

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 466.73

Date of Receipt: 08 / 06 / 2009
Transaction ID: A1888C8DE04F44732875
 Amount of Each Receipt this Period: 29.42

B.

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

Mailing Address 1310 Dove Ln

City Lockhart State TX Zip Code 78644-2459

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 496.15

Date of Receipt: 08 / 20 / 2009
Transaction ID: A33D495E1F9204EB187E
 Amount of Each Receipt this Period: 29.42

C.

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

Mailing Address 1310 Dove Ln

City Lockhart State TX Zip Code 78644-2459

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.57

Date of Receipt: 09 / 03 / 2009
Transaction ID: AE95D680BAF1E416782F
 Amount of Each Receipt this Period: 29.42

SUBTOTAL of Receipts This Page (optional) ► **88.26**

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

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

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

FOR LINE NUMBER: PAGE 19 / 240
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 1310 Dove Ln

City Lockhart State TX Zip Code 78644-2459

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 554.99

Date of Receipt: 09 / 17 / 2009
Transaction ID: A60B683DE0E4D46C0AB8
 Amount of Each Receipt this Period: 29.42

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

Mailing Address 1310 Dove Ln

City Lockhart State TX Zip Code 78644-2459

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 613.83

Date of Receipt: 10 / 15 / 2009
Transaction ID: A62270D46307F4C9885B
 Amount of Each Receipt this Period: 29.42

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

Mailing Address 1310 Dove Ln

City Lockhart State TX Zip Code 78644-2459

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 613.83

Date of Receipt: 10 / 15 / 2009
Transaction ID: AE04360F9A8CD4852B65
 Amount of Each Receipt this Period: 29.42

SUBTOTAL of Receipts This Page (optional) ► 88.26

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

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

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

FOR LINE NUMBER: PAGE 20 / 240
(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)
 Bobbie Bice
 Mailing Address 1310 Dove Ln
 City Lockhart State TX Zip Code 78644-2459
 Date of Receipt 10 / 29 / 2009
Transaction ID: A70288674DFC848B5AD2
 Amount of Each Receipt this Period 29.42
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Leasing Corporation Occupation Nursing Admin Don-exempt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 643.25

B. Full Name (Last, First, Middle Initial)
 Bobbie Bice
 Mailing Address 1310 Dove Ln
 City Lockhart State TX Zip Code 78644-2459
 Date of Receipt 11 / 12 / 2009
Transaction ID: ADE3DBE7DF4DA4D2C955
 Amount of Each Receipt this Period 29.42
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Leasing Corporation Occupation Nursing Admin Don-exempt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.67

C. Full Name (Last, First, Middle Initial)
 Bobbie Bice
 Mailing Address 1310 Dove Ln
 City Lockhart State TX Zip Code 78644-2459
 Date of Receipt 11 / 25 / 2009
Transaction ID: A880AB7DF36764AD4A51
 Amount of Each Receipt this Period 29.42
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Leasing Corporation Occupation Nursing Admin Don-exempt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.09

SUBTOTAL of Receipts This Page (optional) ► 88.26
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 240
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Bobbie Bice

Mailing Address 1310 Dove Ln

City State Zip Code
Lockhart TX 78644-2459

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 731.51

Date of Receipt

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

Transaction ID: ACCB4B3A7FE6D436A940

Amount of Each Receipt this Period

29.42

B.

Full Name (Last, First, Middle Initial)

Bobbie Bice

Mailing Address 1310 Dove Ln

City State Zip Code
Lockhart TX 78644-2459

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 760.93

Date of Receipt

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

Transaction ID: A77E4E4711C8D4FC5B18

Amount of Each Receipt this Period

29.42

C.

Full Name (Last, First, Middle Initial)

Michael P. Bonner

Mailing Address 4919 Darlington Drive

City State Zip Code
Nashville TN 37211-5106

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

Name of Employer Occupation
Diversicare Management Services VP Financial Reporting

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 553.85

Date of Receipt

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

Transaction ID: AA832F64E5F4340F78C5

Amount of Each Receipt this Period

46.15

SUBTOTAL of Receipts This Page (optional)

104.99

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 240
(check only one)

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

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

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

A.

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

Mailing Address 4919 Darlington Drive

City Nashville State TN Zip Code 37211-5106

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

Name of Employer Diversicare Management Services Occupation VP Financial Reporting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: A5FB9A5DBD5DC4AD7B84

Amount of Each Receipt this Period
46.15

B.

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

Mailing Address 4919 Darlington Drive

City Nashville State TN Zip Code 37211-5106

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

Name of Employer Diversicare Management Services Occupation VP Financial Reporting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 646.15

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: AD3057D211F374EBBA82

Amount of Each Receipt this Period
46.15

C.

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

Mailing Address 4919 Darlington Drive

City Nashville State TN Zip Code 37211-5106

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

Name of Employer Diversicare Management Services Occupation VP Financial Reporting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 692.30

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: A43137B0EED264C2494E

Amount of Each Receipt this Period
46.15

SUBTOTAL of Receipts This Page (optional) ► **138.45**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 240
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Michael P. Bonner		Date of Receipt
	Mailing Address 4919 Darlington Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 04 / 2009
	City	State	Zip Code
	Nashville	TN	37211-5106
	FEC ID number of contributing federal political committee. C		Transaction ID: AF5F45E028D354A14B21
Name of Employer Diversicare Management Services		Occupation VP Financial Reporting	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"/> 738.45	<input type="text"/> 46.15

B.	Full Name (Last, First, Middle Initial) Michael P. Bonner		Date of Receipt
	Mailing Address 4919 Darlington Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 18 / 2009
	City	State	Zip Code
	Nashville	TN	37211-5106
	FEC ID number of contributing federal political committee. C		Transaction ID: ADE13159BC9C241A2B9D
Name of Employer Diversicare Management Services		Occupation VP Financial Reporting	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"/> 784.60	<input type="text"/> 46.15

C.	Full Name (Last, First, Middle Initial) Michael P. Bonner		Date of Receipt
	Mailing Address 4919 Darlington Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 02 / 2009
	City	State	Zip Code
	Nashville	TN	37211-5106
	FEC ID number of contributing federal political committee. C		Transaction ID: A27EEA5EBAB21406BAF8
Name of Employer Diversicare Management Services		Occupation VP Financial Reporting	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"/> 830.75	<input type="text"/> 46.15

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 138.45
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 240
(check only one)

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

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

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

A.

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

Mailing Address 4919 Darlington Drive

City Nashville State TN Zip Code 37211-5106

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

Name of Employer Diversicare Management Services Occupation VP Financial Reporting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 876.90

Date of Receipt 10 / 16 / 2009

Transaction ID: ABCE3DCF6196743659C6

Amount of Each Receipt this Period 46.15

B.

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

Mailing Address 4919 Darlington Drive

City Nashville State TN Zip Code 37211-5106

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

Name of Employer Diversicare Management Services Occupation VP Financial Reporting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 923.05

Date of Receipt 10 / 30 / 2009

Transaction ID: A4006D5CC7080476A90C

Amount of Each Receipt this Period 46.15

C.

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

Mailing Address 4919 Darlington Drive

City Nashville State TN Zip Code 37211-5106

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

Name of Employer Diversicare Management Services Occupation VP Financial Reporting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 969.20

Date of Receipt 11 / 13 / 2009

Transaction ID: A019CEF0288AD47CE870

Amount of Each Receipt this Period 46.15

SUBTOTAL of Receipts This Page (optional) ► **138.45**

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 / 240
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 Michael P. Bonner
 Mailing Address 4919 Darlington Drive
 City State Zip Code
 Nashville TN 37211-5106
 Date of Receipt
 11 / 27 / 2009
Transaction ID: AFA4C0B35D5C94830882
 Amount of Each Receipt this Period
 46.15
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services VP Financial Reporting
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1015.35

B. Full Name (Last, First, Middle Initial)
 Michael P. Bonner
 Mailing Address 4919 Darlington Drive
 City State Zip Code
 Nashville TN 37211-5106
 Date of Receipt
 12 / 11 / 2009
Transaction ID: AE022F0E5AE7E4035ABE
 Amount of Each Receipt this Period
 46.15
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services VP Financial Reporting
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1061.50

C. Full Name (Last, First, Middle Initial)
 Michael P. Bonner
 Mailing Address 4919 Darlington Drive
 City State Zip Code
 Nashville TN 37211-5106
 Date of Receipt
 12 / 24 / 2009
Transaction ID: AC56E975E3D7E4DF6B68
 Amount of Each Receipt this Period
 46.15
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services VP Financial Reporting
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1107.65

SUBTOTAL of Receipts This Page (optional) ► 138.45
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 / 240
(check only one)

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

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

A.

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

Mailing Address 3540 Calais Circle

City State Zip Code
Antioch TN 37013-5518

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 397.27

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2009

Transaction ID: AC77C8FCD07FE4C868E9

Amount of Each Receipt this Period
31.39

B.

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

Mailing Address 3540 Calais Circle

City State Zip Code
Antioch TN 37013-5518

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 460.05

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 16 / 2009

Transaction ID: A821E8F79F8BA41BD93E

Amount of Each Receipt this Period
31.39

C.

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

Mailing Address 3540 Calais Circle

City State Zip Code
Antioch TN 37013-5518

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 460.05

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 16 / 2009

Transaction ID: A309C0451250E4D01AD4

Amount of Each Receipt this Period
31.39

SUBTOTAL of Receipts This Page (optional) ► 94.17

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 / 240
(check only one)

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

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

A.

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

Mailing Address 3540 Calais Circle

City State Zip Code
Antioch TN 37013-5518

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 491.44

Date of Receipt
MM / DD / YYYY
08 / 13 / 2009

Transaction ID: A32F0E17B150D4BA38E8

Amount of Each Receipt this Period
31.39

B.

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

Mailing Address 3540 Calais Circle

City State Zip Code
Antioch TN 37013-5518

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 522.83

Date of Receipt
MM / DD / YYYY
08 / 27 / 2009

Transaction ID: A37F21E674DAA4B81846

Amount of Each Receipt this Period
31.39

C.

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

Mailing Address 3540 Calais Circle

City State Zip Code
Antioch TN 37013-5518

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 554.22

Date of Receipt
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: AA017158971BC4A93BD5

Amount of Each Receipt this Period
31.39

SUBTOTAL of Receipts This Page (optional) ► **94.17**

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 28 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Elizabeth A. Carroll		Date of Receipt MM / DD / YYYY 09 / 24 / 2009
	Mailing Address 3540 Calais Circle		Transaction ID: AAB28D9A104DE4880989
	City Antioch	State TN	Zip Code 37013-5518
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.39
	Name of Employer Diversicare Leasing Corp	Occupation Admin Administrator-exemp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 585.61	

B.	Full Name (Last, First, Middle Initial) Elizabeth A. Carroll		Date of Receipt MM / DD / YYYY 10 / 08 / 2009
	Mailing Address 3540 Calais Circle		Transaction ID: A896DC814899F4E0FA09
	City Antioch	State TN	Zip Code 37013-5518
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.39
	Name of Employer Diversicare Leasing Corp	Occupation Admin Administrator-exemp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 617.00	

C.	Full Name (Last, First, Middle Initial) Elizabeth A. Carroll		Date of Receipt MM / DD / YYYY 10 / 22 / 2009
	Mailing Address 3540 Calais Circle		Transaction ID: A764EC8EB6BB042E9A69
	City Antioch	State TN	Zip Code 37013-5518
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.39
	Name of Employer Diversicare Leasing Corp	Occupation Admin Administrator-exemp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 648.39	

SUBTOTAL of Receipts This Page (optional)	▶	94.17
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 / 240
(check only one)

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

A.

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

Mailing Address 3540 Calais Circle

City Antioch State TN Zip Code 37013-5518

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 679.78

Date of Receipt 11 / 05 / 2009

Transaction ID: A3E8F4146088348B08E0

Amount of Each Receipt this Period 31.39

B.

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

Mailing Address 3540 Calais Circle

City Antioch State TN Zip Code 37013-5518

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 711.17

Date of Receipt 11 / 19 / 2009

Transaction ID: A82B101FD358B40DA97F

Amount of Each Receipt this Period 31.39

C.

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

Mailing Address 3540 Calais Circle

City Antioch State TN Zip Code 37013-5518

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 742.56

Date of Receipt 12 / 03 / 2009

Transaction ID: A4F79E57A52A942E68BA

Amount of Each Receipt this Period 31.39

SUBTOTAL of Receipts This Page (optional) ► 94.17

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 / 240
(check only one)

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

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

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

Mailing Address 3540 Calais Circle

City Antioch State TN Zip Code 37013-5518

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 773.95

Date of Receipt: 12 / 17 / 2009
Transaction ID: A58A6FDC881914CF9924
Amount of Each Receipt this Period: 31.39

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

Mailing Address 155 E Foster Court

City Lecanto State FL Zip Code 34461-8107

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

Name of Employer Diversicare Management Services Occupation Florida Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 07 / 10 / 2009
Transaction ID: A0D15248D71DF42BC81F
Amount of Each Receipt this Period: 25.00

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

Mailing Address 155 E Foster Court

City Lecanto State FL Zip Code 34461-8107

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

Name of Employer Diversicare Management Services Occupation Florida Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: AE69AD665D76945938A7
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 81.39

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 240
(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 M. Cook

Mailing Address 155 E Foster Court

City Lecanto State FL Zip Code 34461-8107

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

Name of Employer Diversicare Management Services Occupation Florida Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 07 / 2009

Transaction ID: ABD398830D68748B39AE

Amount of Each Receipt this Period 25.00

B.

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

Mailing Address 155 E Foster Court

City Lecanto State FL Zip Code 34461-8107

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

Name of Employer Diversicare Management Services Occupation Florida Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 21 / 2009

Transaction ID: A9ABDC3340E444FF8AC1

Amount of Each Receipt this Period 25.00

C.

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

Mailing Address 155 E Foster Court

City Lecanto State FL Zip Code 34461-8107

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

Name of Employer Diversicare Management Services Occupation Florida Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 04 / 2009

Transaction ID: A0D36E9C3A47543A6B9F

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 240
(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 M. Cook

Mailing Address 155 E Foster Court

City Lecanto State FL Zip Code 34461-8107

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

Name of Employer Diversicare Management Services Occupation Florida Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 18 / 2009
Transaction ID: A8B259BC3251A4F009ED
Amount of Each Receipt this Period 25.00

B.

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

Mailing Address 155 E Foster Court

City Lecanto State FL Zip Code 34461-8107

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

Name of Employer Diversicare Management Services Occupation Florida Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 02 / 2009
Transaction ID: A103DC97930CC4D3DA76
Amount of Each Receipt this Period 25.00

C.

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

Mailing Address 155 E Foster Court

City Lecanto State FL Zip Code 34461-8107

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

Name of Employer Diversicare Management Services Occupation Florida Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2009
Transaction ID: A0F476E8484664D87972
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 240
(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 M. Cook

Mailing Address 155 E Foster Court

City Lecanto State FL Zip Code 34461-8107

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

Name of Employer Diversicare Management Services Occupation Florida Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 30 / 2009
Transaction ID: AF2920A4E3CD14F808FF

Amount of Each Receipt this Period 25.00

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

Mailing Address 155 E Foster Court

City Lecanto State FL Zip Code 34461-8107

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

Name of Employer Diversicare Management Services Occupation Florida Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 13 / 2009
Transaction ID: A2A8E13FF60CC4991943

Amount of Each Receipt this Period 25.00

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

Mailing Address 155 E Foster Court

City Lecanto State FL Zip Code 34461-8107

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

Name of Employer Diversicare Management Services Occupation Florida Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 27 / 2009
Transaction ID: AEB483D46B4EB44BB86E

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.

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

Mailing Address 155 E Foster Court

City Lecanto State FL Zip Code 34461-8107

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

Name of Employer Diversicare Management Services Occupation Florida Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 11 / 2009

Transaction ID: AB4F804A6F2584E47828

Amount of Each Receipt this Period 25.00

B.

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

Mailing Address 155 E Foster Court

City Lecanto State FL Zip Code 34461-8107

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

Name of Employer Diversicare Management Services Occupation Florida Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 24 / 2009

Transaction ID: AC5845CE3FCD54DF3932

Amount of Each Receipt this Period 25.00

C.

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

Mailing Address 9533 Thoroughbred Way

City Brentwood State TN Zip Code 37027-8922

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

Name of Employer Diversicare Management Services Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 07 / 10 / 2009

Transaction ID: A774ECAAB116246EC95D

Amount of Each Receipt this Period 192.30

SUBTOTAL of Receipts This Page (optional) ► 242.30

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) William R. Council III	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 9533 Thoroughbred Way	Transaction ID: AD92318E8DD9F4D86AB2
	City State Zip Code Brentwood TN 37027-8922	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Management Services	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2692.20	

B.	Full Name (Last, First, Middle Initial) William R. Council III	Date of Receipt MM / DD / YYYY 08 / 07 / 2009
	Mailing Address 9533 Thoroughbred Way	Transaction ID: A434F109919BC4716878
	City State Zip Code Brentwood TN 37027-8922	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Management Services	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2884.50	

C.	Full Name (Last, First, Middle Initial) William R. Council III	Date of Receipt MM / DD / YYYY 08 / 21 / 2009
	Mailing Address 9533 Thoroughbred Way	Transaction ID: ADA4971F80AF840CABEF
	City State Zip Code Brentwood TN 37027-8922	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Management Services	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3076.80	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 240
(check only one)

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

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

A.

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

Mailing Address 9533 Thoroughbred Way

City State Zip Code
Brentwood TN 37027-8922

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

Name of Employer: Diversicare Management Services
Occupation: CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3269.10

Date of Receipt: 09 / 04 / 2009
Transaction ID: A7CEB3E4A9755444EAEE

Amount of Each Receipt this Period: 192.30

B.

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

Mailing Address 9533 Thoroughbred Way

City State Zip Code
Brentwood TN 37027-8922

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

Name of Employer: Diversicare Management Services
Occupation: CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3461.40

Date of Receipt: 09 / 18 / 2009
Transaction ID: A798E178AEB844052BFD

Amount of Each Receipt this Period: 192.30

C.

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

Mailing Address 9533 Thoroughbred Way

City State Zip Code
Brentwood TN 37027-8922

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

Name of Employer: Diversicare Management Services
Occupation: CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.70

Date of Receipt: 10 / 02 / 2009
Transaction ID: AAF77375C70D44BFC88F

Amount of Each Receipt this Period: 192.30

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 240
(check only one)

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

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

A.

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

Mailing Address 9533 Thoroughbred Way

City State Zip Code
Brentwood TN 37027-8922

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

Name of Employer: Diversicare Management Services
Occupation: CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3846.00

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

Transaction ID: AA2259D4E2CA54F639A8

Amount of Each Receipt this Period
192.30

B.

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

Mailing Address 9533 Thoroughbred Way

City State Zip Code
Brentwood TN 37027-8922

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

Name of Employer: Diversicare Management Services
Occupation: CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4038.30

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: AAC2811E1FC9C4712BE9

Amount of Each Receipt this Period
192.30

C.

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

Mailing Address 9533 Thoroughbred Way

City State Zip Code
Brentwood TN 37027-8922

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

Name of Employer: Diversicare Management Services
Occupation: CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4230.60

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: A48A2F8EFC1AB4530A5D

Amount of Each Receipt this Period
192.30

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 240
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) William R. Council III	Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 9533 Thoroughbred Way	Transaction ID: AB3BB8943BB6D48CD9CC
	City State Zip Code Brentwood TN 37027-8922	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4422.90

B.	Full Name (Last, First, Middle Initial) William R. Council III	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 9533 Thoroughbred Way	Transaction ID: A31F9D179E8474C089EB
	City State Zip Code Brentwood TN 37027-8922	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4615.20

C.	Full Name (Last, First, Middle Initial) William R. Council III	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 9533 Thoroughbred Way	Transaction ID: A1E3DC3CCDA9B4FA88F6
	City State Zip Code Brentwood TN 37027-8922	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4807.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 240
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

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

Mailing Address 1206 Lochness Ln

City State Zip Code
Garland TX 75044-3426

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 524.59

Date of Receipt
MM / DD / YYYY
07 / 09 / 2009

Transaction ID: A6B2B88907D60461BAC2

Amount of Each Receipt this Period
38.06

B.

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

Mailing Address 1206 Lochness Ln

City State Zip Code
Garland TX 75044-3426

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 562.65

Date of Receipt
MM / DD / YYYY
07 / 23 / 2009

Transaction ID: AF63EEBDB0F744899A52

Amount of Each Receipt this Period
38.06

C.

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

Mailing Address 1206 Lochness Ln

City State Zip Code
Garland TX 75044-3426

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.71

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: AA560DE1282054D0683D

Amount of Each Receipt this Period
38.06

SUBTOTAL of Receipts This Page (optional) ► **114.18**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 240
(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)
John E. Dugan

Mailing Address 1206 Lochness Ln

City State Zip Code
Garland TX 75044-3426

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 638.77

Date of Receipt
MM / DD / YYYY
08 / 20 / 2009

Transaction ID: A11598CE557E7452693A

Amount of Each Receipt this Period
38.06

B.

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

Mailing Address 1206 Lochness Ln

City State Zip Code
Garland TX 75044-3426

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 676.83

Date of Receipt
MM / DD / YYYY
09 / 03 / 2009

Transaction ID: A6E9EB03287FD4837AAE

Amount of Each Receipt this Period
38.06

C.

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

Mailing Address 1206 Lochness Ln

City State Zip Code
Garland TX 75044-3426

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 714.89

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: A1A455930C815419FB54

Amount of Each Receipt this Period
38.06

SUBTOTAL of Receipts This Page (optional) ► **114.18**

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

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

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

FOR LINE NUMBER: PAGE 41 / 240
(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)
 John E. Dugan
 Mailing Address 1206 Lochness Ln
 City State Zip Code
 Garland TX 75044-3426
 Date of Receipt
 10 / 15 / 2009
Transaction ID: AE65C15609BBD43E29C8
 Amount of Each Receipt this Period
 38.06
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corpo- Admin Administrator-exemp
 ration
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 791.01

B. Full Name (Last, First, Middle Initial)
 John E. Dugan
 Mailing Address 1206 Lochness Ln
 City State Zip Code
 Garland TX 75044-3426
 Date of Receipt
 10 / 15 / 2009
Transaction ID: AEF088199BFED49FA878
 Amount of Each Receipt this Period
 38.06
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corpo- Admin Administrator-exemp
 ration
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 791.01

C. Full Name (Last, First, Middle Initial)
 John E. Dugan
 Mailing Address 1206 Lochness Ln
 City State Zip Code
 Garland TX 75044-3426
 Date of Receipt
 10 / 29 / 2009
Transaction ID: AF6C15DA8EFA44932A44
 Amount of Each Receipt this Period
 38.06
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corpo- Admin Administrator-exemp
 ration
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 829.07

SUBTOTAL of Receipts This Page (optional) ► 114.18
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 42 / 240
(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)
John E. Dugan
 Mailing Address 1206 Lochness Ln
 City State Zip Code
 Garland TX 75044-3426
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 9
Transaction ID: AFC676BCAF5854D838D1
 Amount of Each Receipt this Period
 38.06
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corpo- Admin Administrator-exemp
 ration
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 867.13

B. Full Name (Last, First, Middle Initial)
John E. Dugan
 Mailing Address 1206 Lochness Ln
 City State Zip Code
 Garland TX 75044-3426
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 5 / 2 0 0 9
Transaction ID: A417706B03418461C95D
 Amount of Each Receipt this Period
 38.06
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corpo- Admin Administrator-exemp
 ration
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 905.19

C. Full Name (Last, First, Middle Initial)
John E. Dugan
 Mailing Address 1206 Lochness Ln
 City State Zip Code
 Garland TX 75044-3426
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 1 0 / 2 0 0 9
Transaction ID: A8E7A7DC35FB540B78E3
 Amount of Each Receipt this Period
 38.06
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corpo- Admin Administrator-exemp
 ration
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 943.25

SUBTOTAL of Receipts This Page (optional) ► 114.18
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 240
	(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) John E. Dugan	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 1206 Lochness Ln	Transaction ID: A70E50480E1524F5CA4B
	City State Zip Code Garland TX 75044-3426	Amount of Each Receipt this Period 38.06
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Diversicare Leasing Corporation Admin Administrator-exemp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 981.31	

B.	Full Name (Last, First, Middle Initial) Deborah R. Farris	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 1206 Chilton	Transaction ID: A91EA4EB9598B448B82C
	City State Zip Code San Antonio TX 78251-2966	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Diversicare Management Services Texas Mds Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) Deborah R. Farris	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 1206 Chilton	Transaction ID: A5A668B0C26364D68843
	City State Zip Code San Antonio TX 78251-2966	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Diversicare Management Services Texas Mds Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	88.06
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 240
(check only one)

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

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

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

A.

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

Mailing Address 1206 Chilton

City San Antonio State TX Zip Code 78251-2966

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

Name of Employer Diversicare Management Services Occupation Texas Mds Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 07 / 2009

Transaction ID: A7406F05B5A7F44CE820

Amount of Each Receipt this Period 25.00

B.

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

Mailing Address 1206 Chilton

City San Antonio State TX Zip Code 78251-2966

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

Name of Employer Diversicare Management Services Occupation Texas Mds Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 21 / 2009

Transaction ID: AB0FF90476EE041669C5

Amount of Each Receipt this Period 25.00

C.

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

Mailing Address 1206 Chilton

City San Antonio State TX Zip Code 78251-2966

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

Name of Employer Diversicare Management Services Occupation Texas Mds Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 04 / 2009

Transaction ID: ABCBFB112730444FC917

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 240

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Deborah R. Farris

Mailing Address 1206 Chilton

City State Zip Code
San Antonio TX 78251-2966

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

Name of Employer Occupation
Diversicare Management Services Texas Mds Specialist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: AD9D19739E55346FE81E

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)

Deborah R. Farris

Mailing Address 1206 Chilton

City State Zip Code
San Antonio TX 78251-2966

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

Name of Employer Occupation
Diversicare Management Services Texas Mds Specialist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 475.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 02 / 2009

Transaction ID: A62BBE1B8F49B40C1B84

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)

Deborah R. Farris

Mailing Address 1206 Chilton

City State Zip Code
San Antonio TX 78251-2966

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

Name of Employer Occupation
Diversicare Management Services Texas Mds Specialist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 16 / 2009

Transaction ID: AEC392F4BCCF44FE0B30

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶

75.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 240
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 Deborah R. Farris
 Mailing Address 1206 Chilton
 City San Antonio State TX Zip Code 78251-2966
 Date of Receipt 10 / 30 / 2009
Transaction ID: A9A285EB151E646FBB99
 Amount of Each Receipt this Period 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation Texas Mds Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

B. Full Name (Last, First, Middle Initial)
 Deborah R. Farris
 Mailing Address 1206 Chilton
 City San Antonio State TX Zip Code 78251-2966
 Date of Receipt 11 / 13 / 2009
Transaction ID: A66D6C16F4998409FB44
 Amount of Each Receipt this Period 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation Texas Mds Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

C. Full Name (Last, First, Middle Initial)
 Deborah R. Farris
 Mailing Address 1206 Chilton
 City San Antonio State TX Zip Code 78251-2966
 Date of Receipt 11 / 27 / 2009
Transaction ID: A0783C184C97840B0888
 Amount of Each Receipt this Period 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation Texas Mds Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

SUBTOTAL of Receipts This Page (optional) ► 75.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 240

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Deborah R. Farris

Mailing Address 1206 Chilton

City State Zip Code
San Antonio TX 78251-2966

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

Name of Employer Occupation
Diversicare Management Services Texas Mds Specialist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

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

Transaction ID: A70BBDE7EF1EC47F795B

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Deborah R. Farris

Mailing Address 1206 Chilton

City State Zip Code
San Antonio TX 78251-2966

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

Name of Employer Occupation
Diversicare Management Services Texas Mds Specialist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 625.00

Date of Receipt

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

Transaction ID: A330680A7CCE5425D8BE

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Anne M. Freeman

Mailing Address 25059 Us Hwy 80

City State Zip Code
Opelika AL 36804-7936

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

Name of Employer Occupation
Diversicare Management Services AI Mds Specialist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 201.50

Date of Receipt

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

Transaction ID: A7F8E972915FE4F31A1E

Amount of Each Receipt this Period

12.75

SUBTOTAL of Receipts This Page (optional)

62.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 240
(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)
Anne M. Freeman

Mailing Address 25059 Us Hwy 80

City State Zip Code
Opelika AL 36804-7936

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

Name of Employer Occupation
Diversicare Management Services AI Mds Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
214.25

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

Transaction ID: A0943D5B0E5FD49CE873

Amount of Each Receipt this Period
12.75

B.

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

Mailing Address 25059 Us Hwy 80

City State Zip Code
Opelika AL 36804-7936

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

Name of Employer Occupation
Diversicare Management Services AI Mds Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: AE716AC50E0E449FFAC4

Amount of Each Receipt this Period
12.75

C.

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

Mailing Address 25059 Us Hwy 80

City State Zip Code
Opelika AL 36804-7936

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

Name of Employer Occupation
Diversicare Management Services AI Mds Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.75

Date of Receipt
MM / DD / YYYY
10 / 02 / 2009

Transaction ID: A5055C932554041709E0

Amount of Each Receipt this Period
12.75

SUBTOTAL of Receipts This Page (optional) ► **38.25**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 240
(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)
Anne M. Freeman

Mailing Address 25059 Us Hwy 80

City State Zip Code
Opelika AL 36804-7936

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

Name of Employer Occupation
Diversicare Management Services AI Mds Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.50

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

Transaction ID: ACE2544D456B74D13BCE

Amount of Each Receipt this Period
12.75

B.

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

Mailing Address 25059 Us Hwy 80

City State Zip Code
Opelika AL 36804-7936

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

Name of Employer Occupation
Diversicare Management Services AI Mds Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.25

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A05E83A64952647BBA03

Amount of Each Receipt this Period
12.75

C.

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

Mailing Address 25059 Us Hwy 80

City State Zip Code
Opelika AL 36804-7936

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

Name of Employer Occupation
Diversicare Management Services AI Mds Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
278.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: A92568A6687564395B2B

Amount of Each Receipt this Period
12.75

SUBTOTAL of Receipts This Page (optional) ► **38.25**

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 50 / 240
(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)
Anne M. Freeman

Mailing Address 25059 Us Hwy 80

City State Zip Code
Opelika AL 36804-7936

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

Name of Employer Occupation
Diversicare Management Services AI Mds Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.75

Date of Receipt
MM / DD / YYYY
11 / 27 / 2009

Transaction ID: A01EC52F27231437F879

Amount of Each Receipt this Period
12.75

B.

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

Mailing Address 25059 Us Hwy 80

City State Zip Code
Opelika AL 36804-7936

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

Name of Employer Occupation
Diversicare Management Services AI Mds Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 303.50

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: A8094BB6024424DF8896

Amount of Each Receipt this Period
12.75

C.

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

Mailing Address 25059 Us Hwy 80

City State Zip Code
Opelika AL 36804-7936

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

Name of Employer Occupation
Diversicare Management Services AI Mds Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 316.25

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: AFCC31E5A07904FA294E

Amount of Each Receipt this Period
12.75

SUBTOTAL of Receipts This Page (optional) ► **38.25**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 240
(check only one)

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

A.

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

Mailing Address 1037 Leonard Street

City State Zip Code
Camden AR 71701-2790

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 337.90

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: A747C66A19D8E4FE0A16

Amount of Each Receipt this Period
26.92

B.

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

Mailing Address 1037 Leonard Street

City State Zip Code
Camden AR 71701-2790

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 391.74

Date of Receipt
MM / DD / YYYY
07 / 16 / 2009

Transaction ID: A6A4822101738414D93B

Amount of Each Receipt this Period
26.92

C.

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

Mailing Address 1037 Leonard Street

City State Zip Code
Camden AR 71701-2790

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 391.74

Date of Receipt
MM / DD / YYYY
07 / 16 / 2009

Transaction ID: A5BDD3E2C1BA24C82A9D

Amount of Each Receipt this Period
26.92

SUBTOTAL of Receipts This Page (optional) ► **80.76**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 240
(check only one)

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

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

A.

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

Mailing Address 1037 Leonard Street

City State Zip Code
Camden AR 71701-2790

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 418.66

Date of Receipt
MM / DD / YYYY
08 / 13 / 2009

Transaction ID: AA80A9CEE9EE2491BAF4

Amount of Each Receipt this Period
26.92

B.

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

Mailing Address 1037 Leonard Street

City State Zip Code
Camden AR 71701-2790

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 445.58

Date of Receipt
MM / DD / YYYY
08 / 27 / 2009

Transaction ID: AF259D2C83B36454BABB

Amount of Each Receipt this Period
26.92

C.

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

Mailing Address 1037 Leonard Street

City State Zip Code
Camden AR 71701-2790

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 472.50

Date of Receipt
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: AEDBEDD348A1643229D8

Amount of Each Receipt this Period
26.92

SUBTOTAL of Receipts This Page (optional) ► 80.76

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

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

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

FOR LINE NUMBER: PAGE 53 / 240
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jennie J. Goss
Mailing Address 1037 Leonard Street
City Camden State AR Zip Code 71701-2790
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 499.42
Date of Receipt 09 / 24 / 2009
Transaction ID: A756F953AE82B4566980
Amount of Each Receipt this Period 26.92

B. Full Name (Last, First, Middle Initial)
Jennie J. Goss
Mailing Address 1037 Leonard Street
City Camden State AR Zip Code 71701-2790
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 526.34
Date of Receipt 10 / 08 / 2009
Transaction ID: A70E83E5B704F4A4EA35
Amount of Each Receipt this Period 26.92

C. Full Name (Last, First, Middle Initial)
Jennie J. Goss
Mailing Address 1037 Leonard Street
City Camden State AR Zip Code 71701-2790
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 553.26
Date of Receipt 10 / 22 / 2009
Transaction ID: A873AB4DE70CE4520840
Amount of Each Receipt this Period 26.92

SUBTOTAL of Receipts This Page (optional) ► 80.76
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 54 / 240
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jennie J. Goss
Mailing Address 1037 Leonard Street
City Camden State AR Zip Code 71701-2790
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 580.18
Date of Receipt 11 / 05 / 2009
Transaction ID: A6FD880C5F60943BB888
Amount of Each Receipt this Period 26.92

B. Full Name (Last, First, Middle Initial)
Jennie J. Goss
Mailing Address 1037 Leonard Street
City Camden State AR Zip Code 71701-2790
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 607.10
Date of Receipt 11 / 19 / 2009
Transaction ID: A94540F989AE745B48A5
Amount of Each Receipt this Period 26.92

C. Full Name (Last, First, Middle Initial)
Jennie J. Goss
Mailing Address 1037 Leonard Street
City Camden State AR Zip Code 71701-2790
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 634.02
Date of Receipt 12 / 03 / 2009
Transaction ID: ACEF6B131F7C14CEA81F
Amount of Each Receipt this Period 26.92

SUBTOTAL of Receipts This Page (optional) ► 80.76
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 240
(check only one)

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

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

A.

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

Mailing Address 1037 Leonard Street

City State Zip Code
Camden AR 71701-2790

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 660.94

Date of Receipt
MM / DD / YYYY
12 / 17 / 2009

Transaction ID: A8B56111162C84934954

Amount of Each Receipt this Period
660.92

B.

Full Name (Last, First, Middle Initial)
Connie Griffis

Mailing Address Po Box 264

City State Zip Code
Camden AR 71701-0264

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2009

Transaction ID: A264C2C50909A4CD389B

Amount of Each Receipt this Period
13.40

C.

Full Name (Last, First, Middle Initial)
Connie Griffis

Mailing Address Po Box 264

City State Zip Code
Camden AR 71701-0264

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2009

Transaction ID: AC5C239EF39774C4EB68

Amount of Each Receipt this Period
13.40

SUBTOTAL of Receipts This Page (optional) ▶ **53.72**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 240
(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)
Connie Griffis

Mailing Address Po Box 264

City State Zip Code
Camden AR 71701-0264

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 214.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	9

Transaction ID: AA9A011F737824D27B8F

Amount of Each Receipt this Period
13.40

B. Full Name (Last, First, Middle Initial)
Connie Griffis

Mailing Address Po Box 264

City State Zip Code
Camden AR 71701-0264

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 227.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	7	/	2	0	0	9

Transaction ID: A37A9FB17F55040D5BA0

Amount of Each Receipt this Period
13.40

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

Mailing Address 9027 Forest Lawn Drive

City State Zip Code
Brentwood TN 37027-5227

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 324.48

Date of Receipt

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

Transaction ID: A56B9EA624FB047E08C7

Amount of Each Receipt this Period
24.96

SUBTOTAL of Receipts This Page (optional) ► **51.76**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 240
(check only one)

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

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

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

A.

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

Mailing Address 9027 Forest Lawn Drive

City State Zip Code
Brentwood TN 37027-5227

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
349.44

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: AF8857B38ED964C97BB5

Amount of Each Receipt this Period
24.96

B.

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

Mailing Address 9027 Forest Lawn Drive

City State Zip Code
Brentwood TN 37027-5227

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.40

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: ABA928EAEB36748F69BF

Amount of Each Receipt this Period
24.96

C.

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

Mailing Address 9027 Forest Lawn Drive

City State Zip Code
Brentwood TN 37027-5227

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.36

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: A422763B29C0049599B3

Amount of Each Receipt this Period
24.96

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 240
(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)
Rene" Gruendl

Mailing Address 9027 Forest Lawn Drive

City State Zip Code
Brentwood TN 37027-5227

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 424.32

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

Transaction ID: AC8C4F6B5D8564B90851

Amount of Each Receipt this Period
24.96

B.

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

Mailing Address 9027 Forest Lawn Drive

City State Zip Code
Brentwood TN 37027-5227

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 449.28

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: A20BF350E6779422DBC0

Amount of Each Receipt this Period
24.96

C.

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

Mailing Address 9027 Forest Lawn Drive

City State Zip Code
Brentwood TN 37027-5227

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 474.24

Date of Receipt
MM / DD / YYYY
10 / 02 / 2009

Transaction ID: A2467F05D2A3B4CB1A15

Amount of Each Receipt this Period
24.96

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

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

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

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

FOR LINE NUMBER: PAGE 59 / 240
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Rene' Gruendl
 Mailing Address 9027 Forest Lawn Drive
 City State Zip Code
 Brentwood TN 37027-5227
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 6 / 2 0 0 9
Transaction ID: A1F52E4D9AE0B4C0CBEB
 Amount of Each Receipt this Period
 24.96
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services TN/AL Marketing Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 499.20

B. Full Name (Last, First, Middle Initial)
Vicki L. Hampton
 Mailing Address Po Box 123
 City State Zip Code
 Delaplaine AR 72425-0123
 Date of Receipt
 M M / D D / Y Y Y Y
 0 7 / 0 2 / 2 0 0 9
Transaction ID: AE4B96F258B9D4A5C99F
 Amount of Each Receipt this Period
 26.92
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corp Nursing Admin Don-exempt
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 337.90

C. Full Name (Last, First, Middle Initial)
Vicki L. Hampton
 Mailing Address Po Box 123
 City State Zip Code
 Delaplaine AR 72425-0123
 Date of Receipt
 M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 9
Transaction ID: AA2B37222E69148AE818
 Amount of Each Receipt this Period
 26.92
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corp Nursing Admin Don-exempt
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 391.74

SUBTOTAL of Receipts This Page (optional) ► 78.80
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 240
(check only one)

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

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

A.

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

Mailing Address Po Box 123

City State Zip Code
Delaplaine AR 72425-0123

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 391.74

Date of Receipt
MM / DD / YYYY
07 / 16 / 2009

Transaction ID: AC34BBEC417B2474FADE

Amount of Each Receipt this Period
26.92

B.

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

Mailing Address Po Box 123

City State Zip Code
Delaplaine AR 72425-0123

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 418.66

Date of Receipt
MM / DD / YYYY
08 / 13 / 2009

Transaction ID: AE11BCBF4EE1C4010B8C

Amount of Each Receipt this Period
26.92

C.

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

Mailing Address Po Box 123

City State Zip Code
Delaplaine AR 72425-0123

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 445.58

Date of Receipt
MM / DD / YYYY
08 / 27 / 2009

Transaction ID: AF53FE476A62849E881C

Amount of Each Receipt this Period
26.92

SUBTOTAL of Receipts This Page (optional) ► 80.76

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

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

Mailing Address Po Box 123

City State Zip Code
Delaplaine AR 72425-0123

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 472.50

Date of Receipt
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: AC74D6967CBE14025BAB

Amount of Each Receipt this Period
26.92

B.

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

Mailing Address Po Box 123

City State Zip Code
Delaplaine AR 72425-0123

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.42

Date of Receipt
MM / DD / YYYY
09 / 24 / 2009

Transaction ID: A905ABBBE04E94EED84A

Amount of Each Receipt this Period
26.92

C.

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

Mailing Address Po Box 123

City State Zip Code
Delaplaine AR 72425-0123

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 526.34

Date of Receipt
MM / DD / YYYY
10 / 08 / 2009

Transaction ID: A0F0802FBC3A64F49878

Amount of Each Receipt this Period
26.92

SUBTOTAL of Receipts This Page (optional) ► 80.76

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 240
	<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) Vicki L. Hampton		Date of Receipt
	Mailing Address Po Box 123		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Delaplaine	AR	72425-0123
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: AE0690C1B62EC424ABD6
Name of Employer Diversicare Leasing Corp		Occupation Nursing Admin Don-exempt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="553.26"/>	<input type="text" value="26.92"/>

B.	Full Name (Last, First, Middle Initial) Vicki L. Hampton		Date of Receipt
	Mailing Address Po Box 123		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Delaplaine	AR	72425-0123
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: A7FF5FD98B2EA4BDA909
Name of Employer Diversicare Leasing Corp		Occupation Nursing Admin Don-exempt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="580.18"/>	<input type="text" value="26.92"/>

C.	Full Name (Last, First, Middle Initial) Vicki L. Hampton		Date of Receipt
	Mailing Address Po Box 123		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Delaplaine	AR	72425-0123
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: A8E22BA5D6729469DB2D
Name of Employer Diversicare Leasing Corp		Occupation Nursing Admin Don-exempt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="607.10"/>	<input type="text" value="26.92"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="80.76"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 240
(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)
Vicki L. Hampton

Mailing Address Po Box 123

City State Zip Code
Delaplaine AR 72425-0123

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 634.02

Date of Receipt
MM / DD / YYYY
12 / 03 / 2009

Transaction ID: A5D5D8AD5F09B492EA7D

Amount of Each Receipt this Period
26.92

B.

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

Mailing Address Po Box 123

City State Zip Code
Delaplaine AR 72425-0123

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 660.94

Date of Receipt
MM / DD / YYYY
12 / 17 / 2009

Transaction ID: A5B2EFB24795648719D1

Amount of Each Receipt this Period
26.92

C.

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

Mailing Address 2005 Boxwood Drive

City State Zip Code
Franklin TN 37069-6908

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

Name of Employer Occupation
Diversicare Management Services Training & Education Dire

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 414.30

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: A6EEEE3EEBC4AE4B4CB88

Amount of Each Receipt this Period
32.60

SUBTOTAL of Receipts This Page (optional) ► **86.44**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 240

(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)
Edward F. Heenan

Mailing Address 2005 Boxwood Drive

City State Zip Code
Franklin TN 37069-6908

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

Name of Employer Occupation
Diversicare Management Services Training & Education Dire

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 446.90

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: A78F238C508B64DFB940

Amount of Each Receipt this Period

32.60

B.

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

Mailing Address 2005 Boxwood Drive

City State Zip Code
Franklin TN 37069-6908

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

Name of Employer Occupation
Diversicare Management Services Training & Education Dire

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 479.50

Date of Receipt

M M / D D / Y Y Y Y
08 / 07 / 2009

Transaction ID: A2944772337D34F68885

Amount of Each Receipt this Period

32.60

C.

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

Mailing Address 2005 Boxwood Drive

City State Zip Code
Franklin TN 37069-6908

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

Name of Employer Occupation
Diversicare Management Services Training & Education Dire

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 512.10

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2009

Transaction ID: AB6505E046122403BA20

Amount of Each Receipt this Period

32.60

SUBTOTAL of Receipts This Page (optional)

97.80

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: (check only one)	PAGE 65 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Edward F. Heenan	Date of Receipt MM / DD / YYYY 09 / 04 / 2009
	Mailing Address 2005 Boxwood Drive	Transaction ID: AEBB111EC5CC04161ABC
	City State Zip Code Franklin TN 37069-6908	Amount of Each Receipt this Period 32.60
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Training & Education Dire Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 544.70	

B.	Full Name (Last, First, Middle Initial) Edward F. Heenan	Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address 2005 Boxwood Drive	Transaction ID: A1E4ED94DCF8B40FD898
	City State Zip Code Franklin TN 37069-6908	Amount of Each Receipt this Period 32.60
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Training & Education Dire Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 577.30	

C.	Full Name (Last, First, Middle Initial) Edward F. Heenan	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 2005 Boxwood Drive	Transaction ID: A11B0F248DD3542D5A58
	City State Zip Code Franklin TN 37069-6908	Amount of Each Receipt this Period 32.60
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Training & Education Dire Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 609.90	

SUBTOTAL of Receipts This Page (optional)	97.80
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: (check only one)	PAGE 66 / 240
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Edward F. Heenan	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 2005 Boxwood Drive	Transaction ID: A56017C35CF2E42C1820
	City State Zip Code Franklin TN 37069-6908	Amount of Each Receipt this Period 32.60
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Training & Education Dire Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 642.50	

B.	Full Name (Last, First, Middle Initial) Edward F. Heenan	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 2005 Boxwood Drive	Transaction ID: A52B2E79FA6974698AE1
	City State Zip Code Franklin TN 37069-6908	Amount of Each Receipt this Period 32.60
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Training & Education Dire Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 675.10	

C.	Full Name (Last, First, Middle Initial) Edward F. Heenan	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 2005 Boxwood Drive	Transaction ID: A5021A47EEC424DE8A05
	City State Zip Code Franklin TN 37069-6908	Amount of Each Receipt this Period 32.60
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Training & Education Dire Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 707.70	

SUBTOTAL of Receipts This Page (optional)	97.80
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 67 / 240
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Edward F. Heenan		Date of Receipt
	Mailing Address 2005 Boxwood Drive		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Franklin	TN	37069-6908
	FEC ID number of contributing federal political committee. C		Transaction ID: A5EBCA4FDB0884FE3918
Name of Employer Diversicare Management Services		Occupation Training & Education Dire	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="740.30"/>	<input type="text" value="32.60"/>

B.	Full Name (Last, First, Middle Initial) Edward F. Heenan		Date of Receipt
	Mailing Address 2005 Boxwood Drive		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Franklin	TN	37069-6908
	FEC ID number of contributing federal political committee. C		Transaction ID: A20CF150183134520BAA
Name of Employer Diversicare Management Services		Occupation Training & Education Dire	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="772.90"/>	<input type="text" value="32.60"/>

C.	Full Name (Last, First, Middle Initial) Edward F. Heenan		Date of Receipt
	Mailing Address 2005 Boxwood Drive		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Franklin	TN	37069-6908
	FEC ID number of contributing federal political committee. C		Transaction ID: A61D91827E7304E8EB15
Name of Employer Diversicare Management Services		Occupation Training & Education Dire	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="805.50"/>	<input type="text" value="32.60"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="97.80"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 240
(check only one)

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

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

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

A.

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

Mailing Address 801 Brownstone Court

City Nolensville State TN Zip Code 37135-9720

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

Name of Employer Diversicare Management Services Occupation VP Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 863.33

Date of Receipt 07 / 10 / 2009
Transaction ID: A044E14B6315C40BE951
Amount of Each Receipt this Period 66.41

B.

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

Mailing Address 801 Brownstone Court

City Nolensville State TN Zip Code 37135-9720

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

Name of Employer Diversicare Management Services Occupation VP Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 929.74

Date of Receipt 07 / 24 / 2009
Transaction ID: A4697C69DDEBB440F920
Amount of Each Receipt this Period 66.41

C.

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

Mailing Address 801 Brownstone Court

City Nolensville State TN Zip Code 37135-9720

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

Name of Employer Diversicare Management Services Occupation VP Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 996.15

Date of Receipt 08 / 07 / 2009
Transaction ID: A54D736CC3FF443689D3
Amount of Each Receipt this Period 66.41

SUBTOTAL of Receipts This Page (optional) ► 199.23

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) David R. Hickman	Date of Receipt MM / DD / YYYY 08 / 21 / 2009
	Mailing Address 801 Brownstone Court	Transaction ID: A24C5AE4EEBE34F28BFB
	City State Zip Code Nolensville TN 37135-9720	Amount of Each Receipt this Period 66.41
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1062.56

B.	Full Name (Last, First, Middle Initial) David R. Hickman	Date of Receipt MM / DD / YYYY 09 / 04 / 2009
	Mailing Address 801 Brownstone Court	Transaction ID: AB84D9E20CEB14300926
	City State Zip Code Nolensville TN 37135-9720	Amount of Each Receipt this Period 66.41
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1128.97

C.	Full Name (Last, First, Middle Initial) David R. Hickman	Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address 801 Brownstone Court	Transaction ID: A7990169555F24442AFA
	City State Zip Code Nolensville TN 37135-9720	Amount of Each Receipt this Period 66.41
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1195.38

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

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

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

FOR LINE NUMBER: PAGE 70 / 240
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 David R. Hickman
 Mailing Address 801 Brownstone Court
 City Nolensville State TN Zip Code 37135-9720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation VP Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1261.79
 Date of Receipt 10 / 02 / 2009
Transaction ID: A6BB2F09C77444C6CBCB
 Amount of Each Receipt this Period 66.41

B. Full Name (Last, First, Middle Initial)
 David R. Hickman
 Mailing Address 801 Brownstone Court
 City Nolensville State TN Zip Code 37135-9720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation VP Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1328.20
 Date of Receipt 10 / 16 / 2009
Transaction ID: AD5A6593045C24303982
 Amount of Each Receipt this Period 66.41

C. Full Name (Last, First, Middle Initial)
 David R. Hickman
 Mailing Address 801 Brownstone Court
 City Nolensville State TN Zip Code 37135-9720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation VP Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1394.61
 Date of Receipt 10 / 30 / 2009
Transaction ID: AC6801D8456C64007B0E
 Amount of Each Receipt this Period 66.41

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 240
(check only one)

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

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

A.

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

Mailing Address 801 Brownstone Court

City Nolensville State TN Zip Code 37135-9720

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

Name of Employer Diversicare Management Services Occupation VP Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1461.02

Date of Receipt 11 / 13 / 2009
Transaction ID: AF78F9ADDA5D54706A3C

Amount of Each Receipt this Period 66.41

B.

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

Mailing Address 801 Brownstone Court

City Nolensville State TN Zip Code 37135-9720

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

Name of Employer Diversicare Management Services Occupation VP Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1527.43

Date of Receipt 11 / 27 / 2009
Transaction ID: A70F3178BA4E24A14B12

Amount of Each Receipt this Period 66.41

C.

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

Mailing Address 801 Brownstone Court

City Nolensville State TN Zip Code 37135-9720

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

Name of Employer Diversicare Management Services Occupation VP Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1593.84

Date of Receipt 12 / 11 / 2009
Transaction ID: AD8CEE12656A34C36BC0

Amount of Each Receipt this Period 66.41

SUBTOTAL of Receipts This Page (optional) ► 199.23

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 240
(check only one)

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

A.

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

Mailing Address 801 Brownstone Court

City Nolensville State TN Zip Code 37135-9720

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

Name of Employer Diversicare Management Services Occupation VP Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1660.25

Date of Receipt 12 / 24 / 2009

Transaction ID: ADBA2E2BFE51D497AA41

Amount of Each Receipt this Period 66.41

B.

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

Mailing Address 377 Hutchens Rd

City Martin State TN Zip Code 38237-5377

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 328.78

Date of Receipt 07 / 02 / 2009

Transaction ID: A54633DE5255940F4B8B

Amount of Each Receipt this Period 25.63

C.

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

Mailing Address 377 Hutchens Rd

City Martin State TN Zip Code 38237-5377

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.04

Date of Receipt 07 / 16 / 2009

Transaction ID: AEA9185D5D5F7424D97F

Amount of Each Receipt this Period 25.63

SUBTOTAL of Receipts This Page (optional) ► 117.67

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

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

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

FOR LINE NUMBER: PAGE 73 / 240
(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)
Danielle Higdon
Mailing Address 377 Hutchens Rd
City Martin State TN Zip Code 38237-5377
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Nursing Admin Don-exempt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 380.04
Date of Receipt 07 / 16 / 2009
Transaction ID: ADBF946ACD8B146D6934
Amount of Each Receipt this Period 25.63

B. Full Name (Last, First, Middle Initial)
Danielle Higdon
Mailing Address 377 Hutchens Rd
City Martin State TN Zip Code 38237-5377
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Nursing Admin Don-exempt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 405.67
Date of Receipt 08 / 13 / 2009
Transaction ID: AAB34BFBD9E4A4FFA82E
Amount of Each Receipt this Period 25.63

C. Full Name (Last, First, Middle Initial)
Danielle Higdon
Mailing Address 377 Hutchens Rd
City Martin State TN Zip Code 38237-5377
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Nursing Admin Don-exempt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 431.30
Date of Receipt 08 / 27 / 2009
Transaction ID: A3285DC7B196C4F4C9EF
Amount of Each Receipt this Period 25.63

SUBTOTAL of Receipts This Page (optional) ► 76.89
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 240
(check only one)

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

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

A.

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

Mailing Address 377 Hutchens Rd

City State Zip Code
Martin TN 38237-5377

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 456.93

Date of Receipt
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: A364B1A9F20D74657A1F

Amount of Each Receipt this Period
25.63

B.

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

Mailing Address 377 Hutchens Rd

City State Zip Code
Martin TN 38237-5377

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 482.56

Date of Receipt
MM / DD / YYYY
09 / 24 / 2009

Transaction ID: AD290036896664DAD914

Amount of Each Receipt this Period
25.63

C.

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

Mailing Address 377 Hutchens Rd

City State Zip Code
Martin TN 38237-5377

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 508.19

Date of Receipt
MM / DD / YYYY
10 / 08 / 2009

Transaction ID: A88DB52D3937E4C868F6

Amount of Each Receipt this Period
25.63

SUBTOTAL of Receipts This Page (optional) ► 76.89

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 240
(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)
Danielle Higdon
Mailing Address 377 Hutchens Rd
City Martin State TN Zip Code 38237-5377
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Nursing Admin Don-exempt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 533.82
Date of Receipt 10 / 22 / 2009
Transaction ID: A10DAC4EF1A9145FDB38
Amount of Each Receipt this Period 25.63

B. Full Name (Last, First, Middle Initial)
Danielle Higdon
Mailing Address 377 Hutchens Rd
City Martin State TN Zip Code 38237-5377
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Nursing Admin Don-exempt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 559.45
Date of Receipt 11 / 05 / 2009
Transaction ID: ABE252ED538654CE9B4F
Amount of Each Receipt this Period 25.63

C. Full Name (Last, First, Middle Initial)
Danielle Higdon
Mailing Address 377 Hutchens Rd
City Martin State TN Zip Code 38237-5377
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Nursing Admin Don-exempt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 585.08
Date of Receipt 11 / 19 / 2009
Transaction ID: AAD98A3E6A91E4F1CAD1
Amount of Each Receipt this Period 25.63

SUBTOTAL of Receipts This Page (optional) ► 76.89
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 240
(check only one)

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

A.

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

Mailing Address 377 Hutchens Rd

City State Zip Code
Martin TN 38237-5377

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 610.71

Date of Receipt
MM / DD / YYYY
12 / 03 / 2009

Transaction ID: ABD3A75EC57A74E6AB31

Amount of Each Receipt this Period
25.63

B.

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

Mailing Address 377 Hutchens Rd

City State Zip Code
Martin TN 38237-5377

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 636.34

Date of Receipt
MM / DD / YYYY
12 / 17 / 2009

Transaction ID: A6CBBC6DC390B4C07B7E

Amount of Each Receipt this Period
25.63

C.

Full Name (Last, First, Middle Initial)
Pamela R. Higgins

Mailing Address 115 Polk 109

City State Zip Code
Mena AR 71953-8577

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 211.49

Date of Receipt
MM / DD / YYYY
09 / 24 / 2009

Transaction ID: A9E6C5EFA050E49299BB

Amount of Each Receipt this Period
13.79

SUBTOTAL of Receipts This Page (optional) ► 65.05

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

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

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

FOR LINE NUMBER: PAGE 77 / 240
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Pamela R. Higgins
Mailing Address 115 Polk 109
City Mena State AR Zip Code 71953-8577
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.28
Date of Receipt 10 / 08 / 2009
Transaction ID: AF48F34AC57C748FCA49
Amount of Each Receipt this Period 13.79

B. Full Name (Last, First, Middle Initial)
Pamela R. Higgins
Mailing Address 115 Polk 109
City Mena State AR Zip Code 71953-8577
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 239.07
Date of Receipt 10 / 22 / 2009
Transaction ID: A5F358567F7F444798E2
Amount of Each Receipt this Period 13.79

C. Full Name (Last, First, Middle Initial)
Pamela R. Higgins
Mailing Address 115 Polk 109
City Mena State AR Zip Code 71953-8577
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 252.86
Date of Receipt 11 / 05 / 2009
Transaction ID: ACDCA21371AAA4B78BFE
Amount of Each Receipt this Period 13.79

SUBTOTAL of Receipts This Page (optional) ► 41.37
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 240
(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)
Pamela R. Higgins

Mailing Address 115 Polk 109

City Mena State AR Zip Code 71953-8577

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.65

Date of Receipt 11 / 19 / 2009
Transaction ID: A107DD0170BBE4A83B87
 Amount of Each Receipt this Period 13.79

B.

Full Name (Last, First, Middle Initial)
Pamela R. Higgins

Mailing Address 115 Polk 109

City Mena State AR Zip Code 71953-8577

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.44

Date of Receipt 12 / 03 / 2009
Transaction ID: A814F27C9C5C64ECABA6
 Amount of Each Receipt this Period 13.79

C.

Full Name (Last, First, Middle Initial)
Pamela R. Higgins

Mailing Address 115 Polk 109

City Mena State AR Zip Code 71953-8577

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.23

Date of Receipt 12 / 17 / 2009
Transaction ID: A6B535CEAC604413CB3F
 Amount of Each Receipt this Period 13.79

SUBTOTAL of Receipts This Page (optional) ► 41.37

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

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

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

FOR LINE NUMBER: PAGE 79 / 240
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Janice L. Horton
Mailing Address 4527 Se Hwy 70
City Arcadia State FL Zip Code 34266-7787
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corporation Occupation Admin Administrator-exemp
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 404.14
Date of Receipt 07 / 09 / 2009
Transaction ID: A3B120E9A7D8D4E8DA8A
Amount of Each Receipt this Period 29.52

B. Full Name (Last, First, Middle Initial)
Janice L. Horton
Mailing Address 4527 Se Hwy 70
City Arcadia State FL Zip Code 34266-7787
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corporation Occupation Admin Administrator-exemp
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 433.66
Date of Receipt 07 / 23 / 2009
Transaction ID: AA7076379A9124AB187C
Amount of Each Receipt this Period 29.52

C. Full Name (Last, First, Middle Initial)
Janice L. Horton
Mailing Address 4527 Se Hwy 70
City Arcadia State FL Zip Code 34266-7787
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corporation Occupation Admin Administrator-exemp
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 463.18
Date of Receipt 08 / 06 / 2009
Transaction ID: ABF8840BA293F46E7891
Amount of Each Receipt this Period 29.52

SUBTOTAL of Receipts This Page (optional) ► 88.56
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 240
(check only one)

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

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

A.

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

Mailing Address 4527 Se Hwy 70

City Arcadia State FL Zip Code 34266-7787

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 492.70

Date of Receipt: 08 / 20 / 2009
Transaction ID: AE9027589249F48CDB55
Amount of Each Receipt this Period: 29.52

B.

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

Mailing Address 4527 Se Hwy 70

City Arcadia State FL Zip Code 34266-7787

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 522.22

Date of Receipt: 09 / 03 / 2009
Transaction ID: AF1AFC8466BED4C38926
Amount of Each Receipt this Period: 29.52

C.

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

Mailing Address 4527 Se Hwy 70

City Arcadia State FL Zip Code 34266-7787

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 551.74

Date of Receipt: 09 / 17 / 2009
Transaction ID: A45585360FF634C609D9
Amount of Each Receipt this Period: 29.52

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 4527 Se Hwy 70

City Arcadia State FL Zip Code 34266-7787

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 610.78

Date of Receipt: 10 / 15 / 2009
Transaction ID: A2357716B80C0422E848
Amount of Each Receipt this Period: 29.52

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

Mailing Address 4527 Se Hwy 70

City Arcadia State FL Zip Code 34266-7787

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 610.78

Date of Receipt: 10 / 15 / 2009
Transaction ID: ABD9848FF90F24A56BE5
Amount of Each Receipt this Period: 29.52

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

Mailing Address 4527 Se Hwy 70

City Arcadia State FL Zip Code 34266-7787

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 640.30

Date of Receipt: 10 / 29 / 2009
Transaction ID: A74EC4EE9F970416CAEC
Amount of Each Receipt this Period: 29.52

SUBTOTAL of Receipts This Page (optional) ► 88.56

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 240
(check only one)

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

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

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

A.

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

Mailing Address 4527 Se Hwy 70

City Arcadia State FL Zip Code 34266-7787

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 669.82

Date of Receipt: 11 / 12 / 2009
Transaction ID: A6D5523F6D4614755B45

Amount of Each Receipt this Period: 29.52

B.

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

Mailing Address 4527 Se Hwy 70

City Arcadia State FL Zip Code 34266-7787

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 699.34

Date of Receipt: 11 / 25 / 2009
Transaction ID: A4C5C97991B75464EB67

Amount of Each Receipt this Period: 29.52

C.

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

Mailing Address 4527 Se Hwy 70

City Arcadia State FL Zip Code 34266-7787

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 728.86

Date of Receipt: 12 / 10 / 2009
Transaction ID: A9876B2E8EFDB4771AEA

Amount of Each Receipt this Period: 29.52

SUBTOTAL of Receipts This Page (optional) ► 88.56

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 / 240
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Janice L. Horton		Date of Receipt
	Mailing Address 4527 Se Hwy 70		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Arcadia	FL	34266-7787
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp	Transaction ID: A0B105FB5B7454579A58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="758.38"/>	
		Amount of Each Receipt this Period	<input type="text" value="29.52"/>

B.	Full Name (Last, First, Middle Initial) Karen L. Johnson		Date of Receipt
	Mailing Address 6437 Wexley Lane		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	The Colony	TX	75056-7121
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Management Services		Occupation Texas Rvp	Transaction ID: A4BA057197EC54E29B70
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="749.97"/>	
		Amount of Each Receipt this Period	<input type="text" value="57.69"/>

C.	Full Name (Last, First, Middle Initial) Karen L. Johnson		Date of Receipt
	Mailing Address 6437 Wexley Lane		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	The Colony	TX	75056-7121
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Management Services		Occupation Texas Rvp	Transaction ID: A0820C1416C9748C6805
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="807.66"/>	
		Amount of Each Receipt this Period	<input type="text" value="57.69"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="144.90"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 84 / 240
(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)
Karen L. Johnson

Mailing Address 6437 Wexley Lane

City State Zip Code
The Colony TX 75056-7121

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

Name of Employer Occupation
Diversicare Management Services Texas Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
865.35

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: A62C2D39B26E04349B4A

Amount of Each Receipt this Period
57.69

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

Mailing Address 6437 Wexley Lane

City State Zip Code
The Colony TX 75056-7121

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

Name of Employer Occupation
Diversicare Management Services Texas Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
923.04

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: A2D76A498655F4928A77

Amount of Each Receipt this Period
57.69

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

Mailing Address 6437 Wexley Lane

City State Zip Code
The Colony TX 75056-7121

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

Name of Employer Occupation
Diversicare Management Services Texas Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
980.73

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

Transaction ID: A3C8241E14B51441189D

Amount of Each Receipt this Period
57.69

SUBTOTAL of Receipts This Page (optional) ► **173.07**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Karen L. Johnson	Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address 6437 Wexley Lane	Transaction ID: ABF8A570CB87D4169961
	City State Zip Code The Colony TX 75056-7121	Amount of Each Receipt this Period 57.69
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Texas Rvp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1038.42	

B.	Full Name (Last, First, Middle Initial) Karen L. Johnson	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 6437 Wexley Lane	Transaction ID: A210C8CC697AE47EBAC5
	City State Zip Code The Colony TX 75056-7121	Amount of Each Receipt this Period 57.69
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Texas Rvp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1096.11	

C.	Full Name (Last, First, Middle Initial) Karen L. Johnson	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 6437 Wexley Lane	Transaction ID: A418797D16D344A2AAA2
	City State Zip Code The Colony TX 75056-7121	Amount of Each Receipt this Period 57.69
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Texas Rvp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1153.80	

SUBTOTAL of Receipts This Page (optional)	▶	173.07
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 240
(check only one)

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

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

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

A.

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

Mailing Address 6437 Wexley Lane

City State Zip Code
The Colony TX 75056-7121

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

Name of Employer Occupation
Diversicare Management Services Texas Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1211.49

Date of Receipt
MM / DD / YYYY
10 / 30 / 2009

Transaction ID: A090668D9FBCC4093919

Amount of Each Receipt this Period
57.69

B.

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

Mailing Address 6437 Wexley Lane

City State Zip Code
The Colony TX 75056-7121

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

Name of Employer Occupation
Diversicare Management Services Texas Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1269.18

Date of Receipt
MM / DD / YYYY
11 / 13 / 2009

Transaction ID: A8319DC9C278B4CFE8EF

Amount of Each Receipt this Period
57.69

C.

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

Mailing Address 6437 Wexley Lane

City State Zip Code
The Colony TX 75056-7121

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

Name of Employer Occupation
Diversicare Management Services Texas Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1326.87

Date of Receipt
MM / DD / YYYY
11 / 27 / 2009

Transaction ID: AFA9AD99EB40C4AACBE8

Amount of Each Receipt this Period
57.69

SUBTOTAL of Receipts This Page (optional) ► **173.07**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Karen L. Johnson	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 6437 Wexley Lane	Transaction ID: A7A99D06DDDF144FBDBE5
	City State Zip Code The Colony TX 75056-7121	Amount of Each Receipt this Period 57.69
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Texas Rvp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1384.56	

B.	Full Name (Last, First, Middle Initial) Karen L. Johnson	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 6437 Wexley Lane	Transaction ID: A7C7CC3FC5F524E6DBF4
	City State Zip Code The Colony TX 75056-7121	Amount of Each Receipt this Period 57.69
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Texas Rvp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1442.25	

C.	Full Name (Last, First, Middle Initial) Robin Jones	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 4674 Riverbend Road	Transaction ID: A42A9EDFF04C44161A11
	City State Zip Code Trussville AL 35173-3506	Amount of Each Receipt this Period 59.97
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: AI & Tn Rvp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 779.61	

SUBTOTAL of Receipts This Page (optional)	175.35
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 240

(check only one)

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

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

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

A.

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

Mailing Address 4674 Riverbend Road

City State Zip Code
Trussville AL 35173-3506

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

Name of Employer
Diversicare Management Services

Occupation
AI & Tn Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
839.58

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: A886C9D55915D4B89945

Amount of Each Receipt this Period

59.97

B.

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

Mailing Address 4674 Riverbend Road

City State Zip Code
Trussville AL 35173-3506

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

Name of Employer
Diversicare Management Services

Occupation
AI & Tn Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
899.55

Date of Receipt

M M / D D / Y Y Y Y
08 / 07 / 2009

Transaction ID: AB3DA8D6D75B544CDB9F

Amount of Each Receipt this Period

59.97

C.

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

Mailing Address 4674 Riverbend Road

City State Zip Code
Trussville AL 35173-3506

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

Name of Employer
Diversicare Management Services

Occupation
AI & Tn Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
959.52

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2009

Transaction ID: AD160CBE92A414E4BBC2

Amount of Each Receipt this Period

59.97

SUBTOTAL of Receipts This Page (optional)

179.91

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 240
(check only one)

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

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

A.

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

Mailing Address 1515 Henderson Road

City Malvern State AR Zip Code 72104-7950

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

Name of Employer: Diversicare Management Services
Occupation: Arkansas Maintenance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt: 09 / 04 / 2009
Transaction ID: A65A474D127394854BF6
Amount of Each Receipt this Period: 12.00

B.

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

Mailing Address 4674 Riverbend Road

City Trussville State AL Zip Code 35173-3506

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

Name of Employer: Diversicare Management Services
Occupation: AI & Tn Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1019.49

Date of Receipt: 09 / 04 / 2009
Transaction ID: AC30E25D43FCB43378DB
Amount of Each Receipt this Period: 59.97

C.

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

Mailing Address 1515 Henderson Road

City Malvern State AR Zip Code 72104-7950

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

Name of Employer: Diversicare Management Services
Occupation: Arkansas Maintenance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt: 09 / 18 / 2009
Transaction ID: AD139C4EDBD0C42B4A66
Amount of Each Receipt this Period: 12.00

SUBTOTAL of Receipts This Page (optional) ► **83.97**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 240
(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)
Robin Jones

Mailing Address 4674 Riverbend Road

City Trussville State AL Zip Code 35173-3506

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

Name of Employer: Diversicare Management Services
Occupation: AI & Tn Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1079.46

Date of Receipt: 09 / 18 / 2009
Transaction ID: AB2FFA51CBED04F35944
Amount of Each Receipt this Period: 59.97

B.

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

Mailing Address 4674 Riverbend Road

City Trussville State AL Zip Code 35173-3506

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

Name of Employer: Diversicare Management Services
Occupation: AI & Tn Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1139.43

Date of Receipt: 10 / 02 / 2009
Transaction ID: ABF24E1A4EA714C5E8B2
Amount of Each Receipt this Period: 59.97

C.

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

Mailing Address 1515 Henderson Road

City Malvern State AR Zip Code 72104-7950

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

Name of Employer: Diversicare Management Services
Occupation: Arkansas Maintenance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt: 10 / 02 / 2009
Transaction ID: AE439F3B8A0814AE9960
Amount of Each Receipt this Period: 12.00

SUBTOTAL of Receipts This Page (optional) ► 131.94

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Rory L. Jones		Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 1515 Henderson Road		Transaction ID: A80B11D3A817E4C0D954
	City Malvern	State AR	Zip Code 72104-7950
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
	Name of Employer Diversicare Management Services	Occupation Arkansas Maintenance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Robin Jones		Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 4674 Riverbend Road		Transaction ID: AB1687CE2332C4029958
	City Trussville	State AL	Zip Code 35173-3506
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 59.97
	Name of Employer Diversicare Management Services	Occupation AI & Tn Rvp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1199.40	

C.	Full Name (Last, First, Middle Initial) Rory L. Jones		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 1515 Henderson Road		Transaction ID: A2162C4A6846E42DAA79
	City Malvern	State AR	Zip Code 72104-7950
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
	Name of Employer Diversicare Management Services	Occupation Arkansas Maintenance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00	

SUBTOTAL of Receipts This Page (optional)	▶	83.97
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Robin Jones		Date of Receipt
	Mailing Address 4674 Riverbend Road		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Trussville	AL	35173-3506
	FEC ID number of contributing federal political committee. C		Transaction ID: A13B4B17D0AC6485E850
Name of Employer Diversicare Management Services		Occupation AI & Tn Rvp	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="59.97"/>
		<input type="text" value="1259.37"/>	

B.	Full Name (Last, First, Middle Initial) Rory L. Jones		Date of Receipt
	Mailing Address 1515 Henderson Road		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Malvern	AR	72104-7950
	FEC ID number of contributing federal political committee. C		Transaction ID: A748304C2B50D4E6AB41
Name of Employer Diversicare Management Services		Occupation Arkansas Maintenance	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="12.00"/>
		<input type="text" value="264.00"/>	

C.	Full Name (Last, First, Middle Initial) Robin Jones		Date of Receipt
	Mailing Address 4674 Riverbend Road		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Trussville	AL	35173-3506
	FEC ID number of contributing federal political committee. C		Transaction ID: A8842493E69844BDB809
Name of Employer Diversicare Management Services		Occupation AI & Tn Rvp	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="59.97"/>
		<input type="text" value="1319.34"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="131.94"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 240
(check only one)

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

A.

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

Mailing Address 1515 Henderson Road

City Malvern State AR Zip Code 72104-7950

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

Name of Employer Diversicare Management Services Occupation Arkansas Maintenance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt 11 / 27 / 2009
Transaction ID: A598421DE193A4336AB5

Amount of Each Receipt this Period 12.00

B.

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

Mailing Address 4674 Riverbend Road

City Trussville State AL Zip Code 35173-3506

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

Name of Employer Diversicare Management Services Occupation AI & Tn Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1379.31

Date of Receipt 11 / 27 / 2009
Transaction ID: A36699D4EA6CF465297B

Amount of Each Receipt this Period 59.97

C.

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

Mailing Address 1515 Henderson Road

City Malvern State AR Zip Code 72104-7950

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

Name of Employer Diversicare Management Services Occupation Arkansas Maintenance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt 12 / 11 / 2009
Transaction ID: AAA6C240885F742DC803

Amount of Each Receipt this Period 12.00

SUBTOTAL of Receipts This Page (optional) ► 83.97

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 240
(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) Robin Jones		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 4674 Riverbend Road		Transaction ID: A5FC5D1EC244C49D594D
City Trussville	State AL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 59.97
Name of Employer Diversicare Management Services	Occupation AI & Tn Rvp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1439.28	

B.

Full Name (Last, First, Middle Initial) Robin Jones		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 4674 Riverbend Road		Transaction ID: AB6366FEFF20445BD88D
City Trussville	State AL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 59.97
Name of Employer Diversicare Management Services	Occupation AI & Tn Rvp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.25	

C.

Full Name (Last, First, Middle Initial) Rory L. Jones		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 1515 Henderson Road		Transaction ID: A96842B46EDFC4D82A75
City Malvern	State AR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
Name of Employer Diversicare Management Services	Occupation Arkansas Maintenance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	131.94
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 95 / 240
(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)
Kimberly A. Keith

Mailing Address 422 Jennifer Lane

City State Zip Code
Searcy AR 72143-5060

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 203.52

Date of Receipt
MM / DD / YYYY
07 / 16 / 2009

Transaction ID: AFE45E44F816042439A8

Amount of Each Receipt this Period
13.73

B. Full Name (Last, First, Middle Initial)
Kimberly A. Keith

Mailing Address 422 Jennifer Lane

City State Zip Code
Searcy AR 72143-5060

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 203.52

Date of Receipt
MM / DD / YYYY
07 / 16 / 2009

Transaction ID: A097694977D664DC0A59

Amount of Each Receipt this Period
13.73

C. Full Name (Last, First, Middle Initial)
Kimberly A. Keith

Mailing Address 422 Jennifer Lane

City State Zip Code
Searcy AR 72143-5060

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 217.25

Date of Receipt
MM / DD / YYYY
08 / 13 / 2009

Transaction ID: A2DD7A74D05934D4AA5B

Amount of Each Receipt this Period
13.73

SUBTOTAL of Receipts This Page (optional) ► **41.19**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 240
	<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) Kimberly A. Keith	Date of Receipt MM / DD / YYYY 08 / 27 / 2009
	Mailing Address 422 Jennifer Lane	Transaction ID: AB0EBFA53A5244C719AD
	City State Zip Code Searcy AR 72143-5060	Amount of Each Receipt this Period 13.73
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Leasing Corp Occupation: Admin Administrator-exemp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.98	

B.	Full Name (Last, First, Middle Initial) Kimberly A. Keith	Date of Receipt MM / DD / YYYY 09 / 10 / 2009
	Mailing Address 422 Jennifer Lane	Transaction ID: ACE75B6B092B8461EA1F
	City State Zip Code Searcy AR 72143-5060	Amount of Each Receipt this Period 13.73
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Leasing Corp Occupation: Admin Administrator-exemp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 244.71	

C.	Full Name (Last, First, Middle Initial) Kimberly A. Keith	Date of Receipt MM / DD / YYYY 09 / 24 / 2009
	Mailing Address 422 Jennifer Lane	Transaction ID: AA245A60BBF0E4D22997
	City State Zip Code Searcy AR 72143-5060	Amount of Each Receipt this Period 13.73
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Leasing Corp Occupation: Admin Administrator-exemp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 258.44	

SUBTOTAL of Receipts This Page (optional)	▶	41.19
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 97 / 240
(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)
Kimberly A. Keith

Mailing Address 422 Jennifer Lane

City State Zip Code
Searcy AR 72143-5060

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 272.17

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

Transaction ID: A18870D3B7A63471384C

Amount of Each Receipt this Period
13.73

B.

Full Name (Last, First, Middle Initial)
Kimberly A. Keith

Mailing Address 422 Jennifer Lane

City State Zip Code
Searcy AR 72143-5060

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.90

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

Transaction ID: AA700EDC66ACC4B28AE9

Amount of Each Receipt this Period
13.73

C.

Full Name (Last, First, Middle Initial)
Kimberly A. Keith

Mailing Address 422 Jennifer Lane

City State Zip Code
Searcy AR 72143-5060

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 299.63

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

Transaction ID: A03B5E3DB436541BCBBC

Amount of Each Receipt this Period
13.73

SUBTOTAL of Receipts This Page (optional) ► **41.19**

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

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

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

FOR LINE NUMBER: PAGE 98 / 240
(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)
Kimberly A. Keith

Mailing Address 422 Jennifer Lane

City State Zip Code
Searcy AR 72143-5060

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 313.36

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: AFA958CBB2A374695B35

Amount of Each Receipt this Period
13.73

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

Mailing Address 10880 Gallia Pike

City State Zip Code
Wheelerburg OH 45694-8443

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.02

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: A891FC21FE23F48878D9

Amount of Each Receipt this Period
36.54

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

Mailing Address 10880 Gallia Pike

City State Zip Code
Wheelerburg OH 45694-8443

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 548.10

Date of Receipt
MM / DD / YYYY
07 / 16 / 2009

Transaction ID: A256D671C38624903BD6

Amount of Each Receipt this Period
36.54

SUBTOTAL of Receipts This Page (optional) ► 86.81

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 240
(check only one)

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

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

A.

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

Mailing Address 10880 Gallia Pike

City State Zip Code
Wheelersburg OH 45694-8443

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 548.10

Date of Receipt
MM / DD / YYYY
07 / 16 / 2009

Transaction ID: A236A94C55DB247CC9ED

Amount of Each Receipt this Period
36.54

B.

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

Mailing Address 10880 Gallia Pike

City State Zip Code
Wheelersburg OH 45694-8443

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 584.64

Date of Receipt
MM / DD / YYYY
08 / 13 / 2009

Transaction ID: A6E64716B8DDC425FB07

Amount of Each Receipt this Period
36.54

C.

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

Mailing Address 10880 Gallia Pike

City State Zip Code
Wheelersburg OH 45694-8443

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 621.18

Date of Receipt
MM / DD / YYYY
08 / 27 / 2009

Transaction ID: A5BCE7A0152D048038FA

Amount of Each Receipt this Period
36.54

SUBTOTAL of Receipts This Page (optional) ► **109.62**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Randi M. Kiphen		Date of Receipt																					
	Mailing Address 10880 Gallia Pike		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		1	0		2	0	0	9														
	City State Zip Code Wheelersburg OH 45694-8443		Transaction ID: AA8CF8296ACFC46D4A97																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.54																						
Name of Employer Diversicare Leasing Corp		Occupation Admin Administrator-exemp																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 657.72																						

B.	Full Name (Last, First, Middle Initial) Randi M. Kiphen		Date of Receipt																					
	Mailing Address 10880 Gallia Pike		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		2	4		2	0	0	9														
	City State Zip Code Wheelersburg OH 45694-8443		Transaction ID: A43CF73AE92704A7CB81																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.54																						
Name of Employer Diversicare Leasing Corp		Occupation Admin Administrator-exemp																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 694.26																						

C.	Full Name (Last, First, Middle Initial) Randi M. Kiphen		Date of Receipt																					
	Mailing Address 10880 Gallia Pike		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	8		2	0	0	9														
	City State Zip Code Wheelersburg OH 45694-8443		Transaction ID: A9A0F6613121C4C05959																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.54																						
Name of Employer Diversicare Leasing Corp		Occupation Admin Administrator-exemp																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 730.80																						

SUBTOTAL of Receipts This Page (optional)	▶	109.62
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 240
(check only one)

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

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

A.

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

Mailing Address 10880 Gallia Pike

City State Zip Code
Wheelersburg OH 45694-8443

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 767.34

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

Transaction ID: A96C7A31466044A6B983

Amount of Each Receipt this Period
36.54

B.

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

Mailing Address 10880 Gallia Pike

City State Zip Code
Wheelersburg OH 45694-8443

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 803.88

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

Transaction ID: A6B21997A70544418913

Amount of Each Receipt this Period
36.54

C.

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

Mailing Address 10880 Gallia Pike

City State Zip Code
Wheelersburg OH 45694-8443

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.42

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

Transaction ID: A268A9D8CB6C74CDF80F

Amount of Each Receipt this Period
36.54

SUBTOTAL of Receipts This Page (optional) ► **109.62**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 240
(check only one)

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

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

A.

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

Mailing Address 10880 Gallia Pike

City State Zip Code
Wheelersburg OH 45694-8443

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 876.96

Date of Receipt
MM / DD / YYYY
12 / 03 / 2009

Transaction ID: A6A6A8560F5154886948

Amount of Each Receipt this Period
36.54

B.

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

Mailing Address 10880 Gallia Pike

City State Zip Code
Wheelersburg OH 45694-8443

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 913.50

Date of Receipt
MM / DD / YYYY
12 / 17 / 2009

Transaction ID: AE253852B2D214447932

Amount of Each Receipt this Period
36.54

C.

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

Mailing Address 306 Cliftwood Loop

City State Zip Code
Hot Springs AR 71901-8735

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 452.53

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: AEFED96198B53449E87B

Amount of Each Receipt this Period
34.81

SUBTOTAL of Receipts This Page (optional) ► **107.89**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Steven F. Levato	Date of Receipt MM / DD / YYYY 07 / 16 / 2009
	Mailing Address 306 Cliftwood Loop	Transaction ID: A1FAC87E9CBCE4C52AB1
	City State Zip Code Hot Springs AR 71901-8735	Amount of Each Receipt this Period 34.81
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Diversicare Leasing Corp Admin Administrator-exemp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 522.15	

B.	Full Name (Last, First, Middle Initial) Steven F. Levato	Date of Receipt MM / DD / YYYY 07 / 16 / 2009
	Mailing Address 306 Cliftwood Loop	Transaction ID: A2B1D57B0DF644249917
	City State Zip Code Hot Springs AR 71901-8735	Amount of Each Receipt this Period 34.81
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Diversicare Leasing Corp Admin Administrator-exemp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 522.15	

C.	Full Name (Last, First, Middle Initial) Steven F. Levato	Date of Receipt MM / DD / YYYY 08 / 13 / 2009
	Mailing Address 306 Cliftwood Loop	Transaction ID: A687D00CFAA9B478BA50
	City State Zip Code Hot Springs AR 71901-8735	Amount of Each Receipt this Period 34.81
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Diversicare Leasing Corp Admin Administrator-exemp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 556.96	

SUBTOTAL of Receipts This Page (optional)	▶	104.43
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 104 / 240
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Steven F. Levato
 Mailing Address 306 Cliftwood Loop
 City State Zip Code
 Hot Springs AR 71901-8735
 Date of Receipt
 M M / D D / Y Y Y Y
 08 27 2009
Transaction ID: AC40D6FF6C9C24D69BF1
 Amount of Each Receipt this Period
 34.81
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 591.77

B. Full Name (Last, First, Middle Initial)
 Steven F. Levato
 Mailing Address 306 Cliftwood Loop
 City State Zip Code
 Hot Springs AR 71901-8735
 Date of Receipt
 M M / D D / Y Y Y Y
 09 10 2009
Transaction ID: AAD6F85BBA6724D4AB7B
 Amount of Each Receipt this Period
 34.81
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 626.58

C. Full Name (Last, First, Middle Initial)
 Steven F. Levato
 Mailing Address 306 Cliftwood Loop
 City State Zip Code
 Hot Springs AR 71901-8735
 Date of Receipt
 M M / D D / Y Y Y Y
 09 24 2009
Transaction ID: AD71B254CD3154865B03
 Amount of Each Receipt this Period
 34.81
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 661.39

SUBTOTAL of Receipts This Page (optional) ► 104.43
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 240
(check only one)

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

A.

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

Mailing Address 306 Cliftwood Loop

City State Zip Code
Hot Springs AR 71901-8735

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 696.20

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

Transaction ID: A7EA102B580A64524A5D

Amount of Each Receipt this Period
34.81

B.

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

Mailing Address 306 Cliftwood Loop

City State Zip Code
Hot Springs AR 71901-8735

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 731.01

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

Transaction ID: A234B758591BA468588D

Amount of Each Receipt this Period
34.81

C.

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

Mailing Address 306 Cliftwood Loop

City State Zip Code
Hot Springs AR 71901-8735

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 765.82

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

Transaction ID: A7DDE17984EF3467CB04

Amount of Each Receipt this Period
34.81

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 240
(check only one)

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

A.

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

Mailing Address 306 Cliftwood Loop

City State Zip Code
Hot Springs AR 71901-8735

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.63

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: A35BFE9BFF7C44EA79F6

Amount of Each Receipt this Period
34.81

B.

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

Mailing Address 306 Cliftwood Loop

City State Zip Code
Hot Springs AR 71901-8735

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 835.44

Date of Receipt
MM / DD / YYYY
12 / 03 / 2009

Transaction ID: A7A87E7ADAB63486A8F3

Amount of Each Receipt this Period
34.81

C.

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

Mailing Address 306 Cliftwood Loop

City State Zip Code
Hot Springs AR 71901-8735

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 870.25

Date of Receipt
MM / DD / YYYY
12 / 17 / 2009

Transaction ID: A200D5030AAF74243A1A

Amount of Each Receipt this Period
34.81

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 240
(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)
Sandra B. Loperfido

Mailing Address 270 Highland Avenue

City Raceland State KY Zip Code 41169-1020

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.54

Date of Receipt 07 / 02 / 2009
Transaction ID: A67ACE9FC4E074A47A17

Amount of Each Receipt this Period 26.94

B.

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

Mailing Address 270 Highland Avenue

City Raceland State KY Zip Code 41169-1020

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 399.42

Date of Receipt 07 / 16 / 2009
Transaction ID: AAF04794D799B44A58BE

Amount of Each Receipt this Period 26.94

C.

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

Mailing Address 270 Highland Avenue

City Raceland State KY Zip Code 41169-1020

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 399.42

Date of Receipt 07 / 16 / 2009
Transaction ID: A3C0A5C5762C444C3945

Amount of Each Receipt this Period 26.94

SUBTOTAL of Receipts This Page (optional) ► 80.82

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 108 / 240
	<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) Sandra B. Loperfido	Date of Receipt MM / DD / YYYY 08 / 13 / 2009
	Mailing Address 270 Highland Avenue	Transaction ID: A79E895446BC240978BF
	City State Zip Code Raceland KY 41169-1020	Amount of Each Receipt this Period 26.94
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Leasing Corp Occupation: Admin Administrator-exemp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 426.36	

B.	Full Name (Last, First, Middle Initial) Sandra B. Loperfido	Date of Receipt MM / DD / YYYY 08 / 27 / 2009
	Mailing Address 270 Highland Avenue	Transaction ID: A44E9AA8DA8904C75BE2
	City State Zip Code Raceland KY 41169-1020	Amount of Each Receipt this Period 26.94
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Leasing Corp Occupation: Admin Administrator-exemp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 453.30	

C.	Full Name (Last, First, Middle Initial) Sandra B. Loperfido	Date of Receipt MM / DD / YYYY 09 / 10 / 2009
	Mailing Address 270 Highland Avenue	Transaction ID: A505F72CA3CE248A3ADA
	City State Zip Code Raceland KY 41169-1020	Amount of Each Receipt this Period 26.94
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Leasing Corp Occupation: Admin Administrator-exemp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.24	

SUBTOTAL of Receipts This Page (optional)	▶	80.82
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 / 240
(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)
Sandra B. Loperfido

Mailing Address 270 Highland Avenue

City Raceland State KY Zip Code 41169-1020

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 507.18

Date of Receipt
M M / D D / Y Y Y Y
09 / 24 / 2009

Transaction ID: A8017ECBDC9494DFD9B9

Amount of Each Receipt this Period
26.94

B.

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

Mailing Address 270 Highland Avenue

City Raceland State KY Zip Code 41169-1020

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 534.12

Date of Receipt
M M / D D / Y Y Y Y
10 / 08 / 2009

Transaction ID: A7E191C45B9994C36940

Amount of Each Receipt this Period
26.94

C.

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

Mailing Address 270 Highland Avenue

City Raceland State KY Zip Code 41169-1020

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 561.06

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2009

Transaction ID: AF8AA0B6670BC4682823

Amount of Each Receipt this Period
26.94

SUBTOTAL of Receipts This Page (optional) ► 80.82

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 240
(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)
 Sandra B. Loperfido

Mailing Address 270 Highland Avenue

City State Zip Code
 Raceland KY 41169-1020

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

Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 588.00

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

Transaction ID: A2127BD74AE574523BD8

Amount of Each Receipt this Period
 26.94

B.

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

Mailing Address 270 Highland Avenue

City State Zip Code
 Raceland KY 41169-1020

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

Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 614.94

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

Transaction ID: AB3E9C1A041CF48A1948

Amount of Each Receipt this Period
 26.94

C.

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

Mailing Address 270 Highland Avenue

City State Zip Code
 Raceland KY 41169-1020

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

Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 641.88

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 3 / 2 0 0 9

Transaction ID: A61ACB50C5D724B498AC

Amount of Each Receipt this Period
 26.94

SUBTOTAL of Receipts This Page (optional) ► 80.82

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 240
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Sandra B. Loperfido</p> <p>Mailing Address 270 Highland Avenue</p> <p>City State Zip Code Raceland KY 41169-1020</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Diversicare Leasing Corp Admin Administrator-exemp</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 668.82</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2009</p> <p>Transaction ID: A585607FC701440779CC</p> <p>Amount of Each Receipt this Period 26.94</p>
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<p>B. Full Name (Last, First, Middle Initial) Lorey S. Lowe</p> <p>Mailing Address P O Box 1813</p> <p>City State Zip Code Olive Hill KY 41164-1813</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Diversicare Management Se- Kentucky Cqi rvices</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 432.37</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2009</p> <p>Transaction ID: ABB1E1446B6894414B3F</p> <p>Amount of Each Receipt this Period 34.79</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>C. Full Name (Last, First, Middle Initial) Lorey S. Lowe</p> <p>Mailing Address P O Box 1813</p> <p>City State Zip Code Olive Hill KY 41164-1813</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Diversicare Management Se- Kentucky Cqi rvices</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 467.16</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2009</p> <p>Transaction ID: A1861AD79827D4329A3B</p> <p>Amount of Each Receipt this Period 34.79</p>
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SUBTOTAL of Receipts This Page (optional)	96.52
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 112 / 240
(check only one)

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

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

A.

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

Mailing Address P O Box 1813

City State Zip Code
Olive Hill KY 41164-1813

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

Name of Employer Occupation
Diversicare Management Se- Kentucky Cqi
rvices

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 501.95

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 07 / 2009

Transaction ID: AA2B98AB007724124B03

Amount of Each Receipt this Period
34.79

B.

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

Mailing Address P O Box 1813

City State Zip Code
Olive Hill KY 41164-1813

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

Name of Employer Occupation
Diversicare Management Se- Kentucky Cqi
rvices

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 536.74

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2009

Transaction ID: A3C061CD0BC61408899F

Amount of Each Receipt this Period
34.79

C.

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

Mailing Address P O Box 1813

City State Zip Code
Olive Hill KY 41164-1813

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

Name of Employer Occupation
Diversicare Management Se- Kentucky Cqi
rvices

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 571.53

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: A2C193963295A4D11B3E

Amount of Each Receipt this Period
34.79

SUBTOTAL of Receipts This Page (optional) ► **104.37**

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 113 / 240
(check only one)

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

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

A.

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

Mailing Address P O Box 1813

City State Zip Code
Olive Hill KY 41164-1813

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

Name of Employer Occupation
Diversicare Management Services Kentucky Cqi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 606.32

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: AA60A2C9A64C04693906

Amount of Each Receipt this Period
34.79

B.

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

Mailing Address P O Box 1813

City State Zip Code
Olive Hill KY 41164-1813

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

Name of Employer Occupation
Diversicare Management Services Kentucky Cqi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 641.11

Date of Receipt
MM / DD / YYYY
10 / 02 / 2009

Transaction ID: A9A4C285DFB5847CA89A

Amount of Each Receipt this Period
34.79

C.

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

Mailing Address P O Box 1813

City State Zip Code
Olive Hill KY 41164-1813

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

Name of Employer Occupation
Diversicare Management Services Kentucky Cqi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.90

Date of Receipt
MM / DD / YYYY
10 / 16 / 2009

Transaction ID: ADD3B7978E2AB4DAD8A7

Amount of Each Receipt this Period
34.79

SUBTOTAL of Receipts This Page (optional) ► **104.37**

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 114 / 240
(check only one)

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

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

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

A.

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

Mailing Address P O Box 1813

City State Zip Code
Olive Hill KY 41164-1813

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

Name of Employer Occupation
Diversicare Management Se- Kentucky Cqi
rvices

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 710.69

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A132910F41029422C97F

Amount of Each Receipt this Period
34.79

B.

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

Mailing Address P O Box 1813

City State Zip Code
Olive Hill KY 41164-1813

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

Name of Employer Occupation
Diversicare Management Se- Kentucky Cqi
rvices

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 745.48

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: A7F164803625C49739C4

Amount of Each Receipt this Period
34.79

C.

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

Mailing Address P O Box 1813

City State Zip Code
Olive Hill KY 41164-1813

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

Name of Employer Occupation
Diversicare Management Se- Kentucky Cqi
rvices

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 780.27

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

Transaction ID: A0758E0FB1679484996D

Amount of Each Receipt this Period
34.79

SUBTOTAL of Receipts This Page (optional) ► **104.37**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 / 240
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Lorey S. Lowe		Date of Receipt MM / DD / YYYY 12 / 11 / 2009		
	Mailing Address P O Box 1813		Transaction ID: A04740DD94C184736B85		
	City Olive Hill	State KY	Zip Code 41164-1813	Amount of Each Receipt this Period 34.79	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation Kentucky Cqi		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 815.06			

B.	Full Name (Last, First, Middle Initial) Lorey S. Lowe		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address P O Box 1813		Transaction ID: AB8DCF8D7FC004E70A99		
	City Olive Hill	State KY	Zip Code 41164-1813	Amount of Each Receipt this Period 34.79	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation Kentucky Cqi		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 849.85			

C.	Full Name (Last, First, Middle Initial) Deborah L. Mack		Date of Receipt MM / DD / YYYY 07 / 10 / 2009		
	Mailing Address 81 Walnut Road		Transaction ID: A6583499F27A34EB1BA0		
	City Glenwood	State AR	Zip Code 71943-8653	Amount of Each Receipt this Period 16.15	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation Arkansas Cqi Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 202.95			

SUBTOTAL of Receipts This Page (optional)	▶	85.73
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 116 / 240
(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 L. Mack
 Mailing Address 81 Walnut Road
 City State Zip Code
 Glenwood AR 71943-8653
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 24 / 2009
Transaction ID: A957056F6B6D64F19B25
 Amount of Each Receipt this Period
 16.15
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services Arkansas Cqi Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 219.10

B. Full Name (Last, First, Middle Initial)
 Deborah L. Mack
 Mailing Address 81 Walnut Road
 City State Zip Code
 Glenwood AR 71943-8653
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 07 / 2009
Transaction ID: A6269F328562E46318B4
 Amount of Each Receipt this Period
 16.15
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services Arkansas Cqi Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 235.25

C. Full Name (Last, First, Middle Initial)
 Deborah L. Mack
 Mailing Address 81 Walnut Road
 City State Zip Code
 Glenwood AR 71943-8653
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 21 / 2009
Transaction ID: A1977A44BD50540D197E
 Amount of Each Receipt this Period
 16.15
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services Arkansas Cqi Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 251.40

SUBTOTAL of Receipts This Page (optional) ► **48.45**
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 117 / 240
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Deborah L. Mack		Date of Receipt MM / DD / YYYY 09 / 04 / 2009
	Mailing Address 81 Walnut Road		Transaction ID: AE71B6A65E2984BBCB33
	City Glenwood	State AR	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.15
	Name of Employer Diversicare Management Services		Occupation Arkansas Cqi Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 267.55	

B.	Full Name (Last, First, Middle Initial) Deborah L. Mack		Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address 81 Walnut Road		Transaction ID: A6104006E91D74824938
	City Glenwood	State AR	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.15
	Name of Employer Diversicare Management Services		Occupation Arkansas Cqi Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 283.70	

C.	Full Name (Last, First, Middle Initial) Deborah L. Mack		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 81 Walnut Road		Transaction ID: AD2689DB6258140A1BF5
	City Glenwood	State AR	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.15
	Name of Employer Diversicare Management Services		Occupation Arkansas Cqi Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 299.85	

SUBTOTAL of Receipts This Page (optional)	▶	48.45
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 118 / 240
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Deborah L. Mack

Mailing Address 81 Walnut Road

City State Zip Code
Glenwood AR 71943-8653

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

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 316.00

Date of Receipt
MM / DD / YYYY
10 / 16 / 2009

Transaction ID: A5E69FC1453324F2D89C

Amount of Each Receipt this Period
16.15

B.

Full Name (Last, First, Middle Initial)
Deborah L. Mack

Mailing Address 81 Walnut Road

City State Zip Code
Glenwood AR 71943-8653

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

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 332.15

Date of Receipt
MM / DD / YYYY
10 / 30 / 2009

Transaction ID: A07548195C9D64FDE9D2

Amount of Each Receipt this Period
16.15

C.

Full Name (Last, First, Middle Initial)
Deborah L. Mack

Mailing Address 81 Walnut Road

City State Zip Code
Glenwood AR 71943-8653

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

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 348.30

Date of Receipt
MM / DD / YYYY
11 / 13 / 2009

Transaction ID: A9A2ABF8AF94F4D18A15

Amount of Each Receipt this Period
16.15

SUBTOTAL of Receipts This Page (optional) ► **48.45**

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 119 / 240
	<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) Deborah L. Mack	Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 81 Walnut Road	Transaction ID: A892E502857714A9E95E
	City State Zip Code Glenwood AR 71943-8653	Amount of Each Receipt this Period 16.15
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Arkansas Cqi Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 364.45	

B.	Full Name (Last, First, Middle Initial) Jimmie D. Manning	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 149 Riverwood Drive	Transaction ID: AB5C05005A0F6471398D
	City State Zip Code Franklin TN 37069-4181	Amount of Each Receipt this Period 57.69
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP Purchasing & Property Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97	

C.	Full Name (Last, First, Middle Initial) Jimmie D. Manning	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 149 Riverwood Drive	Transaction ID: A4BCE0C2533CA42649B6
	City State Zip Code Franklin TN 37069-4181	Amount of Each Receipt this Period 57.69
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP Purchasing & Property Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 807.66	

SUBTOTAL of Receipts This Page (optional)	131.53
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.

Full Name (Last, First, Middle Initial) Jimmie D. Manning		Date of Receipt MM / DD / YYYY 08 / 07 / 2009
Mailing Address 149 Riverwood Drive		Transaction ID: A9EC814EB7153499EB9A
City Franklin	State Zip Code TN 37069-4181	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.69
Name of Employer Diversicare Management Services	Occupation VP Purchasing & Property	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 865.35	

B.

Full Name (Last, First, Middle Initial) Jimmie D. Manning		Date of Receipt MM / DD / YYYY 08 / 21 / 2009
Mailing Address 149 Riverwood Drive		Transaction ID: A2F4D98D2B7014DADAF8
City Franklin	State Zip Code TN 37069-4181	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.69
Name of Employer Diversicare Management Services	Occupation VP Purchasing & Property	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.04	

C.

Full Name (Last, First, Middle Initial) Jimmie D. Manning		Date of Receipt MM / DD / YYYY 09 / 04 / 2009
Mailing Address 149 Riverwood Drive		Transaction ID: A7DA00B2AE4B74D39AC3
City Franklin	State Zip Code TN 37069-4181	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.69
Name of Employer Diversicare Management Services	Occupation VP Purchasing & Property	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 980.73	

SUBTOTAL of Receipts This Page (optional)	▶	173.07
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 121 / 240
(check only one)

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

A.

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

Mailing Address 149 Riverwood Drive

City Franklin State TN Zip Code 37069-4181

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

Name of Employer Diversicare Management Services Occupation VP Purchasing & Property

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1038.42

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: AC3AC8E8751B74234814

Amount of Each Receipt this Period
57.69

B.

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

Mailing Address 149 Riverwood Drive

City Franklin State TN Zip Code 37069-4181

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

Name of Employer Diversicare Management Services Occupation VP Purchasing & Property

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1096.11

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 02 / 2009

Transaction ID: AE70B7BA0EF824947A75

Amount of Each Receipt this Period
57.69

C.

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

Mailing Address 149 Riverwood Drive

City Franklin State TN Zip Code 37069-4181

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

Name of Employer Diversicare Management Services Occupation VP Purchasing & Property

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 16 / 2009

Transaction ID: AD9558DDFA6A94844A2E

Amount of Each Receipt this Period
57.69

SUBTOTAL of Receipts This Page (optional) ► **173.07**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 122 / 240
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jimmie D. Manning

Mailing Address 149 Riverwood Drive

City Franklin State TN Zip Code 37069-4181

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP Purchasing & Property

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1211.49

Date of Receipt 10 / 30 / 2009

Transaction ID: AE6360F56EEB94F65A37

Amount of Each Receipt this Period 57.69

B.

Full Name (Last, First, Middle Initial)
Jimmie D. Manning

Mailing Address 149 Riverwood Drive

City Franklin State TN Zip Code 37069-4181

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP Purchasing & Property

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1269.18

Date of Receipt 11 / 13 / 2009

Transaction ID: A546DDFC969FE4F2AA8A

Amount of Each Receipt this Period 57.69

C.

Full Name (Last, First, Middle Initial)
Jimmie D. Manning

Mailing Address 149 Riverwood Drive

City Franklin State TN Zip Code 37069-4181

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP Purchasing & Property

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1326.87

Date of Receipt 11 / 27 / 2009

Transaction ID: A7A94F5756D2E462D82A

Amount of Each Receipt this Period 57.69

SUBTOTAL of Receipts This Page (optional) ► **173.07**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 240
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Jimmie D. Manning

Mailing Address 149 Riverwood Drive

City Franklin State TN Zip Code 37069-4181

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP Purchasing & Property

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.56

Date of Receipt 12 / 11 / 2009
Transaction ID: A43A6452D764449A4BEC
 Amount of Each Receipt this Period 57.69

B. Full Name (Last, First, Middle Initial)
Jimmie D. Manning

Mailing Address 149 Riverwood Drive

City Franklin State TN Zip Code 37069-4181

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP Purchasing & Property

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1442.25

Date of Receipt 12 / 24 / 2009
Transaction ID: A86A5E53CD9624A468CC
 Amount of Each Receipt this Period 57.69

C. Full Name (Last, First, Middle Initial)
Lisa A. Martens

Mailing Address 1339 Buckingham Circle

City Franklin State TN Zip Code 37064-5420

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 739.96

Date of Receipt 07 / 10 / 2009
Transaction ID: ADC0E29B3784C47AD848
 Amount of Each Receipt this Period 56.92

SUBTOTAL of Receipts This Page (optional) ► **172.30**

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 124 / 240
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Lisa A. Martens

Mailing Address 1339 Buckingham Circle

City Franklin State TN Zip Code 37064-5420

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
Occupation: VP Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 796.88

Date of Receipt: 07 / 24 / 2009
Transaction ID: AAF905551325B468DB08
 Amount of Each Receipt this Period: 56.92

B. Full Name (Last, First, Middle Initial)
Lisa A. Martens

Mailing Address 1339 Buckingham Circle

City Franklin State TN Zip Code 37064-5420

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
Occupation: VP Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 853.80

Date of Receipt: 08 / 07 / 2009
Transaction ID: A54088A011F8A45D2858
 Amount of Each Receipt this Period: 56.92

C. Full Name (Last, First, Middle Initial)
Lisa A. Martens

Mailing Address 1339 Buckingham Circle

City Franklin State TN Zip Code 37064-5420

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
Occupation: VP Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 910.72

Date of Receipt: 08 / 21 / 2009
Transaction ID: AF96BD1E9F4D44B18B0B
 Amount of Each Receipt this Period: 56.92

SUBTOTAL of Receipts This Page (optional) ► **170.76**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 240
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Lisa A. Martens

Mailing Address 1339 Buckingham Circle

City Franklin State TN Zip Code 37064-5420

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 967.64

Date of Receipt 09 / 04 / 2009
Transaction ID: AF798FFA45CFD4B12B88
 Amount of Each Receipt this Period 56.92

B.

Full Name (Last, First, Middle Initial)
Lisa A. Martens

Mailing Address 1339 Buckingham Circle

City Franklin State TN Zip Code 37064-5420

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1024.56

Date of Receipt 09 / 18 / 2009
Transaction ID: A3E2EC43E488D4E47B65
 Amount of Each Receipt this Period 56.92

C.

Full Name (Last, First, Middle Initial)
Lisa A. Martens

Mailing Address 1339 Buckingham Circle

City Franklin State TN Zip Code 37064-5420

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1081.48

Date of Receipt 10 / 02 / 2009
Transaction ID: AFAD0C29028084038B76
 Amount of Each Receipt this Period 56.92

SUBTOTAL of Receipts This Page (optional) ► **170.76**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Lisa A. Martens

Mailing Address 1339 Buckingham Circle

City Franklin State TN Zip Code 37064-5420

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1138.40

Date of Receipt 10 / 16 / 2009
Transaction ID: A0518983D66A348FF982
 Amount of Each Receipt this Period 56.92

B.

Full Name (Last, First, Middle Initial)
Lisa A. Martens

Mailing Address 1339 Buckingham Circle

City Franklin State TN Zip Code 37064-5420

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1195.32

Date of Receipt 10 / 30 / 2009
Transaction ID: A7BA36DDD10D744A2884
 Amount of Each Receipt this Period 56.92

C.

Full Name (Last, First, Middle Initial)
Lisa A. Martens

Mailing Address 1339 Buckingham Circle

City Franklin State TN Zip Code 37064-5420

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1252.24

Date of Receipt 11 / 13 / 2009
Transaction ID: ADDFEDD7DC30A4DE7BBC
 Amount of Each Receipt this Period 56.92

SUBTOTAL of Receipts This Page (optional) ► 170.76

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Lisa A. Martens

Mailing Address 1339 Buckingham Circle

City State Zip Code
Franklin TN 37064-5420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services VP Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1309.16

Date of Receipt
M M / D D / Y Y Y Y
11 / 27 / 2009

Transaction ID: A2D692621D13A4EB88FB

Amount of Each Receipt this Period
56.92

B.

Full Name (Last, First, Middle Initial)
Lisa A. Martens

Mailing Address 1339 Buckingham Circle

City State Zip Code
Franklin TN 37064-5420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services VP Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1366.08

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2009

Transaction ID: A2D7807A26B86481EAE8

Amount of Each Receipt this Period
56.92

C.

Full Name (Last, First, Middle Initial)
Lisa A. Martens

Mailing Address 1339 Buckingham Circle

City State Zip Code
Franklin TN 37064-5420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services VP Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1423.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 24 / 2009

Transaction ID: A7DC2BD2C54FC4059A8F

Amount of Each Receipt this Period
56.92

SUBTOTAL of Receipts This Page (optional) ► **170.76**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 240
(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)
Christina McClung

Mailing Address Po Box 476

City Mammoth Spring State AR Zip Code 72554-0476

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Nursing Admin Don-exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 207.66

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 2 / 2 0 0 9

Transaction ID: A8FE45972CFFD4DECA15

Amount of Each Receipt this Period
 10.09

B.

Full Name (Last, First, Middle Initial)
Christina McClung

Mailing Address Po Box 476

City Mammoth Spring State AR Zip Code 72554-0476

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Nursing Admin Don-exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 217.75

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 5 / 2 0 0 9

Transaction ID: AFBA1471E9D844B89982

Amount of Each Receipt this Period
 10.09

C.

Full Name (Last, First, Middle Initial)
Christina McClung

Mailing Address Po Box 476

City Mammoth Spring State AR Zip Code 72554-0476

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Nursing Admin Don-exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 227.84

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 9 / 2 0 0 9

Transaction ID: A62A0A0BAF9674330872

Amount of Each Receipt this Period
 10.09

SUBTOTAL of Receipts This Page (optional) ► **30.27**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 240
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Christina McClung

Mailing Address Po Box 476

City Mammoth Spring State AR Zip Code 72554-0476

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Nursing Admin Don-exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 237.93

Date of Receipt
MM / DD / YYYY
12 / 03 / 2009

Transaction ID: A74A11823533240988BC

Amount of Each Receipt this Period
10.09

B.

Full Name (Last, First, Middle Initial)
Christina McClung

Mailing Address Po Box 476

City Mammoth Spring State AR Zip Code 72554-0476

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Nursing Admin Don-exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 248.02

Date of Receipt
MM / DD / YYYY
12 / 17 / 2009

Transaction ID: A5711AB4EB358464485A

Amount of Each Receipt this Period
10.09

C.

Full Name (Last, First, Middle Initial)
Wanda C. Meade

Mailing Address 15939 Lone Oak Drive

City Catlettsburg State KY Zip Code 41129-9290

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Kentucky Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: AC9A259CFCF814E1795F

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► 80.18

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Wanda C. Meade

Mailing Address 15939 Lone Oak Drive

City Catlettsburg State KY Zip Code 41129-9290

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Kentucky Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt MM / DD / YYYY 07 / 24 / 2009

Transaction ID: AC920328378E8456F929

Amount of Each Receipt this Period 60.00

B. Full Name (Last, First, Middle Initial)
Wanda C. Meade

Mailing Address 15939 Lone Oak Drive

City Catlettsburg State KY Zip Code 41129-9290

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Kentucky Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt MM / DD / YYYY 08 / 07 / 2009

Transaction ID: AF89A2F9B16E040F5923

Amount of Each Receipt this Period 60.00

C. Full Name (Last, First, Middle Initial)
Wanda C. Meade

Mailing Address 15939 Lone Oak Drive

City Catlettsburg State KY Zip Code 41129-9290

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Kentucky Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt MM / DD / YYYY 08 / 21 / 2009

Transaction ID: A5600CCD53FD04F488F6

Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional) ► **180.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 240
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Wanda C. Meade

Mailing Address 15939 Lone Oak Drive

City Catlettsburg State KY Zip Code 41129-9290

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Kentucky Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt MM / DD / YYYY 09 / 04 / 2009

Transaction ID: A66BC906BC8714672A3F

Amount of Each Receipt this Period 60.00

B. Full Name (Last, First, Middle Initial)
Wanda C. Meade

Mailing Address 15939 Lone Oak Drive

City Catlettsburg State KY Zip Code 41129-9290

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Kentucky Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt MM / DD / YYYY 09 / 18 / 2009

Transaction ID: AA909560D5AC94C66A55

Amount of Each Receipt this Period 60.00

C. Full Name (Last, First, Middle Initial)
Wanda C. Meade

Mailing Address 15939 Lone Oak Drive

City Catlettsburg State KY Zip Code 41129-9290

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Kentucky Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1140.00

Date of Receipt MM / DD / YYYY 10 / 02 / 2009

Transaction ID: A200865C344EA4C72A6F

Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional) ► 180.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Wanda C. Meade

Mailing Address 15939 Lone Oak Drive

City Catlettsburg State KY Zip Code 41129-9290

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Kentucky Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 16 / 2009

Transaction ID: A0F11687B6F7B4D7D8DB

Amount of Each Receipt this Period 60.00

B. Full Name (Last, First, Middle Initial)
Wanda C. Meade

Mailing Address 15939 Lone Oak Drive

City Catlettsburg State KY Zip Code 41129-9290

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Kentucky Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 10 / 30 / 2009

Transaction ID: AA1A16E6252F24CEA97F

Amount of Each Receipt this Period 60.00

C. Full Name (Last, First, Middle Initial)
Wanda C. Meade

Mailing Address 15939 Lone Oak Drive

City Catlettsburg State KY Zip Code 41129-9290

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Kentucky Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 11 / 13 / 2009

Transaction ID: A3B3D24EDD7F642FB8A6

Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional) ► 180.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 240
(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)
Wanda C. Meade
Mailing Address 15939 Lone Oak Drive
City Catlettsburg State KY Zip Code 41129-9290
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Management Services Occupation Kentucky Rvp
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1380.00
Date of Receipt 11 / 27 / 2009
Transaction ID: A3C1EA477E5B44FAC98C
Amount of Each Receipt this Period 60.00

B. Full Name (Last, First, Middle Initial)
Wanda C. Meade
Mailing Address 15939 Lone Oak Drive
City Catlettsburg State KY Zip Code 41129-9290
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Management Services Occupation Kentucky Rvp
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1440.00
Date of Receipt 12 / 11 / 2009
Transaction ID: AEAE76AB9022E4DB084B
Amount of Each Receipt this Period 60.00

C. Full Name (Last, First, Middle Initial)
Wanda C. Meade
Mailing Address 15939 Lone Oak Drive
City Catlettsburg State KY Zip Code 41129-9290
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Management Services Occupation Kentucky Rvp
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 12 / 24 / 2009
Transaction ID: A3BA4819665A94CDA97B
Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional) ► 180.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 240
(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)
Jeffery A. Merry

Mailing Address 1152 Rock Creek Dr

City State Zip Code
Garland TX 75040-6941

FEC ID number of contributing federal political committee. **C**

Name of Employer
Diversicare Leasing Corporation

Occupation
Nursing Admin Don-exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
214.62

Date of Receipt
MM / DD / YYYY
09 / 03 / 2009

Transaction ID: AE05AECC071F74F7FB52

Amount of Each Receipt this Period
35.77

B.

Full Name (Last, First, Middle Initial)
Jeffery A. Merry

Mailing Address 1152 Rock Creek Dr

City State Zip Code
Garland TX 75040-6941

FEC ID number of contributing federal political committee. **C**

Name of Employer
Diversicare Leasing Corporation

Occupation
Nursing Admin Don-exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.39

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: A9DD553FF9931433F956

Amount of Each Receipt this Period
35.77

C.

Full Name (Last, First, Middle Initial)
Jeffery A. Merry

Mailing Address 1152 Rock Creek Dr

City State Zip Code
Garland TX 75040-6941

FEC ID number of contributing federal political committee. **C**

Name of Employer
Diversicare Leasing Corporation

Occupation
Nursing Admin Don-exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.93

Date of Receipt
MM / DD / YYYY
10 / 15 / 2009

Transaction ID: A31EC5674A8A248B9989

Amount of Each Receipt this Period
35.77

SUBTOTAL of Receipts This Page (optional) ► **107.31**

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 135 / 240
(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)
 Jeffery A. Merry
 Mailing Address 1152 Rock Creek Dr
 City State Zip Code
 Garland TX 75040-6941
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 5 / 2 0 0 9
Transaction ID: AE44A5E7E82FE43D2952
 Amount of Each Receipt this Period
 35.77
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corporation Nursing Admin Don-exempt
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 321.93

B. Full Name (Last, First, Middle Initial)
 Jeffery A. Merry
 Mailing Address 1152 Rock Creek Dr
 City State Zip Code
 Garland TX 75040-6941
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 0 9
Transaction ID: A4B051330C3444AA5AA6
 Amount of Each Receipt this Period
 35.77
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corporation Nursing Admin Don-exempt
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 357.70

C. Full Name (Last, First, Middle Initial)
 Jeffery A. Merry
 Mailing Address 1152 Rock Creek Dr
 City State Zip Code
 Garland TX 75040-6941
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 9
Transaction ID: A0BDEA50B82594FD58F3
 Amount of Each Receipt this Period
 35.77
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corporation Nursing Admin Don-exempt
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 393.47

SUBTOTAL of Receipts This Page (optional) ► 107.31
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 136 / 240
(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)
 Jeffery A. Merry
 Mailing Address 1152 Rock Creek Dr
 City State Zip Code
 Garland TX 75040-6941
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 5 / 2 0 0 9
Transaction ID: A49CC14C7ABEA40BA93F
 Amount of Each Receipt this Period
 35.77
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corporation Nursing Admin Don-exempt
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 429.24

B. Full Name (Last, First, Middle Initial)
 Jeffery A. Merry
 Mailing Address 1152 Rock Creek Dr
 City State Zip Code
 Garland TX 75040-6941
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 1 0 / 2 0 0 9
Transaction ID: A577BFB90EB4048D099B
 Amount of Each Receipt this Period
 35.77
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corporation Nursing Admin Don-exempt
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 465.01

C. Full Name (Last, First, Middle Initial)
 Jeffery A. Merry
 Mailing Address 1152 Rock Creek Dr
 City State Zip Code
 Garland TX 75040-6941
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 2 4 / 2 0 0 9
Transaction ID: AC62438D42165441A96A
 Amount of Each Receipt this Period
 35.77
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corporation Nursing Admin Don-exempt
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.78

SUBTOTAL of Receipts This Page (optional) ► 107.31
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 137 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Kelli K. Montelongo	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 421 Big Timber Drive	Transaction ID: AC7276D70D5CA4404802
	City State Zip Code Temple TX 76502-5295	Amount of Each Receipt this Period 20.96
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Management Services	Occupation Texas Reboc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.48	

B.	Full Name (Last, First, Middle Initial) Kelli K. Montelongo	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 421 Big Timber Drive	Transaction ID: A19FB19FCD79443ED815
	City State Zip Code Temple TX 76502-5295	Amount of Each Receipt this Period 20.96
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Management Services	Occupation Texas Reboc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 293.44	

C.	Full Name (Last, First, Middle Initial) Kelli K. Montelongo	Date of Receipt MM / DD / YYYY 08 / 07 / 2009
	Mailing Address 421 Big Timber Drive	Transaction ID: AF63C1398AB0644D48AB
	City State Zip Code Temple TX 76502-5295	Amount of Each Receipt this Period 20.96
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Management Services	Occupation Texas Reboc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 314.40	

SUBTOTAL of Receipts This Page (optional)	62.88
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 240
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Kelli K. Montelongo

Mailing Address 421 Big Timber Drive

City State Zip Code
Temple TX 76502-5295

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Texas Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.36

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: A35C16E3A7E444ABEB6C

Amount of Each Receipt this Period
20.96

B.

Full Name (Last, First, Middle Initial)
Kelli K. Montelongo

Mailing Address 421 Big Timber Drive

City State Zip Code
Temple TX 76502-5295

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Texas Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
356.32

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: A2F484B44EA4C4458B67

Amount of Each Receipt this Period
20.96

C.

Full Name (Last, First, Middle Initial)
Kelli K. Montelongo

Mailing Address 421 Big Timber Drive

City State Zip Code
Temple TX 76502-5295

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Texas Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
377.28

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: AFAE8F9319766477289C

Amount of Each Receipt this Period
20.96

SUBTOTAL of Receipts This Page (optional) ► **62.88**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Kelli K. Montelongo	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 421 Big Timber Drive	Transaction ID: A73CC7B2705F3476982C
	City State Zip Code Temple TX 76502-5295	Amount of Each Receipt this Period 20.96
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Texas Reboc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 398.24	

B.	Full Name (Last, First, Middle Initial) Kelli K. Montelongo	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 421 Big Timber Drive	Transaction ID: A281CD8E216E14D0882B
	City State Zip Code Temple TX 76502-5295	Amount of Each Receipt this Period 20.96
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Texas Reboc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 419.20	

C.	Full Name (Last, First, Middle Initial) Kelli K. Montelongo	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 421 Big Timber Drive	Transaction ID: AC4F8742CEC804F4985C
	City State Zip Code Temple TX 76502-5295	Amount of Each Receipt this Period 20.96
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Texas Reboc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.16	

SUBTOTAL of Receipts This Page (optional)	▶	62.88
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Kelli K. Montelongo	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 421 Big Timber Drive	Transaction ID: AF6E801C5F5F64ED3BBC
	City State Zip Code Temple TX 76502-5295	Amount of Each Receipt this Period 20.96
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Texas Reboc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 461.12	

B.	Full Name (Last, First, Middle Initial) Kelli K. Montelongo	Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 421 Big Timber Drive	Transaction ID: AF7359D11B23E42F5BE4
	City State Zip Code Temple TX 76502-5295	Amount of Each Receipt this Period 20.96
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Texas Reboc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 482.08	

C.	Full Name (Last, First, Middle Initial) Kelli K. Montelongo	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 421 Big Timber Drive	Transaction ID: A93C18BED05374BDE9E0
	City State Zip Code Temple TX 76502-5295	Amount of Each Receipt this Period 20.96
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Texas Reboc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 503.04	

SUBTOTAL of Receipts This Page (optional)	▶	62.88
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Kelli K. Montelongo	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 421 Big Timber Drive	Transaction ID: A4E8A25E547104475845
	City State Zip Code Temple TX 76502-5295	Amount of Each Receipt this Period 20.96
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Diversicare Management Services Texas ReboC Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 524.00	

B.	Full Name (Last, First, Middle Initial) Nita M. Morris	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address P O Box 275	Transaction ID: AA0CDB1F2C92040DF9D4
	City State Zip Code Norman AR 71960-0275	Amount of Each Receipt this Period 33.65
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Diversicare Management Services Arkansas Cqi Director Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 437.45	

C.	Full Name (Last, First, Middle Initial) Nita M. Morris	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address P O Box 275	Transaction ID: A2D91C02D668049F880D
	City State Zip Code Norman AR 71960-0275	Amount of Each Receipt this Period 33.65
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Diversicare Management Services Arkansas Cqi Director Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 471.10	

SUBTOTAL of Receipts This Page (optional)	88.26
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
 Nita M. Morris

Mailing Address P O Box 275

City State Zip Code
 Norman AR 71960-0275

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
 Occupation: Arkansas Cqi Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 504.75

Date of Receipt
 MM / DD / YYYY
 08 / 07 / 2009

Transaction ID: A4BECDD84D4804088BA0

Amount of Each Receipt this Period
 33.65

B.

Full Name (Last, First, Middle Initial)
 Nita M. Morris

Mailing Address P O Box 275

City State Zip Code
 Norman AR 71960-0275

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
 Occupation: Arkansas Cqi Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 538.40

Date of Receipt
 MM / DD / YYYY
 08 / 21 / 2009

Transaction ID: A2CDC9FC201F441E4BE7

Amount of Each Receipt this Period
 33.65

C.

Full Name (Last, First, Middle Initial)
 Nita M. Morris

Mailing Address P O Box 275

City State Zip Code
 Norman AR 71960-0275

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
 Occupation: Arkansas Cqi Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 572.05

Date of Receipt
 MM / DD / YYYY
 09 / 04 / 2009

Transaction ID: A72269D9E35E94E61B60

Amount of Each Receipt this Period
 33.65

SUBTOTAL of Receipts This Page (optional) ► **100.95**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 240
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Nita M. Morris

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960-0275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 605.70

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: AABE8A04652904D8D871

Amount of Each Receipt this Period
33.65

B.

Full Name (Last, First, Middle Initial)
Nita M. Morris

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960-0275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 639.35

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 02 / 2009

Transaction ID: AC84429064F1B443D97C

Amount of Each Receipt this Period
33.65

C.

Full Name (Last, First, Middle Initial)
Nita M. Morris

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960-0275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 673.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 16 / 2009

Transaction ID: ACBC816F49B4448C295A

Amount of Each Receipt this Period
33.65

SUBTOTAL of Receipts This Page (optional) ► **100.95**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 240
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Nita M. Morris

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960-0275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 706.65

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: ADDCFA9D25B734B89A0A

Amount of Each Receipt this Period
33.65

B.

Full Name (Last, First, Middle Initial)
Nita M. Morris

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960-0275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 740.30

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: AB18236C7C9D349DE847

Amount of Each Receipt this Period
33.65

C.

Full Name (Last, First, Middle Initial)
Nita M. Morris

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960-0275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 773.95

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: A2BA5CE9875B94CDBA79

Amount of Each Receipt this Period
33.65

SUBTOTAL of Receipts This Page (optional) ► **100.95**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Nita M. Morris

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960-0275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 807.60

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: AC137EDEC0A8847ECA0C

Amount of Each Receipt this Period
33.65

B.

Full Name (Last, First, Middle Initial)
Nita M. Morris

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960-0275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 841.25

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: A344C319326134BC1B15

Amount of Each Receipt this Period
33.65

C.

Full Name (Last, First, Middle Initial)
Brenda K. Mosbey

Mailing Address 209 Providence Hill Drive
Apt 102

City State Zip Code
Ashland KY 41101-2292

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Leasing Corp NursAdmin Asst DON-Exempt

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 209.62

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: A410EE5FB77C34C3B933

Amount of Each Receipt this Period
24.62

SUBTOTAL of Receipts This Page (optional) ► **91.92**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 / 240
	<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) Brenda K. Mosbey	Date of Receipt MM / DD / YYYY 08 / 27 / 2009
	Mailing Address 209 Providence Hill Drive Apt 102	Transaction ID: AFFF0BC1770E44B16A13
	City Ashland State KY Zip Code 41101-2292	Amount of Each Receipt this Period 24.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Diversicare Leasing Corp Occupation NursAdmin Asst DON-Exempt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.24	

B.	Full Name (Last, First, Middle Initial) Brenda K. Mosbey	Date of Receipt MM / DD / YYYY 09 / 10 / 2009
	Mailing Address 209 Providence Hill Drive Apt 102	Transaction ID: A65C20D9E6BD847A0845
	City Ashland State KY Zip Code 41101-2292	Amount of Each Receipt this Period 24.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Diversicare Leasing Corp Occupation NursAdmin Asst DON-Exempt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 258.86	

C.	Full Name (Last, First, Middle Initial) Brenda K. Mosbey	Date of Receipt MM / DD / YYYY 09 / 24 / 2009
	Mailing Address 209 Providence Hill Drive Apt 102	Transaction ID: A671E4C5ACAB84E5B945
	City Ashland State KY Zip Code 41101-2292	Amount of Each Receipt this Period 24.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Diversicare Leasing Corp Occupation NursAdmin Asst DON-Exempt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 283.48	

SUBTOTAL of Receipts This Page (optional)	73.86
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 / 240		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Brenda K. Mosbey	Date of Receipt MM / DD / YYYY 10 / 08 / 2009
	Mailing Address 209 Providence Hill Drive Apt 102	Transaction ID: AE882336B7E7547AA9F8
	City State Zip Code Ashland KY 41101-2292	Amount of Each Receipt this Period 24.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Diversicare Leasing Corp NursAdmin Asst DON-Exempt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.10	

B.	Full Name (Last, First, Middle Initial) Brenda K. Mosbey	Date of Receipt MM / DD / YYYY 10 / 22 / 2009
	Mailing Address 209 Providence Hill Drive Apt 102	Transaction ID: AD5655D3286114329A27
	City State Zip Code Ashland KY 41101-2292	Amount of Each Receipt this Period 24.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Diversicare Leasing Corp NursAdmin Asst DON-Exempt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.72	

C.	Full Name (Last, First, Middle Initial) Brenda K. Mosbey	Date of Receipt MM / DD / YYYY 11 / 05 / 2009
	Mailing Address 209 Providence Hill Drive Apt 102	Transaction ID: AC60A7BF89D3E49C68D1
	City State Zip Code Ashland KY 41101-2292	Amount of Each Receipt this Period 24.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Diversicare Leasing Corp NursAdmin Asst DON-Exempt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 357.34	

SUBTOTAL of Receipts This Page (optional)	73.86
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 240
(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)
Brenda K. Mosbey

Mailing Address 209 Providence Hill Drive
Apt 102

City Ashland State KY Zip Code 41101-2292

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation NursAdmin Asst DON-Exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 381.96

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: A4685532432F94A02A18

Amount of Each Receipt this Period
24.62

B.

Full Name (Last, First, Middle Initial)
Brenda K. Mosbey

Mailing Address 209 Providence Hill Drive
Apt 102

City Ashland State KY Zip Code 41101-2292

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation NursAdmin Asst DON-Exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 406.58

Date of Receipt
MM / DD / YYYY
12 / 03 / 2009

Transaction ID: ABC08CF6DE1C94CC583E

Amount of Each Receipt this Period
24.62

C.

Full Name (Last, First, Middle Initial)
Brenda K. Mosbey

Mailing Address 209 Providence Hill Drive
Apt 102

City Ashland State KY Zip Code 41101-2292

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation NursAdmin Asst DON-Exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 431.20

Date of Receipt
MM / DD / YYYY
12 / 17 / 2009

Transaction ID: A0322D67A92CB4FC99E0

Amount of Each Receipt this Period
24.62

SUBTOTAL of Receipts This Page (optional) ► **73.86**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 / 240
	<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) Treviva Oakley	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 901 Camellia Road	Transaction ID: AE2A9ED9C841341A7BEB
	City State Zip Code Oneonta AL 35121-1902	Amount of Each Receipt this Period 27.58
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Management Services	Occupation DMS Training Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.44	

B.	Full Name (Last, First, Middle Initial) Treviva Oakley	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 901 Camellia Road	Transaction ID: A903319C9451047F698D
	City State Zip Code Oneonta AL 35121-1902	Amount of Each Receipt this Period 27.58
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Management Services	Occupation DMS Training Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.02	

C.	Full Name (Last, First, Middle Initial) Treviva Oakley	Date of Receipt MM / DD / YYYY 08 / 07 / 2009
	Mailing Address 901 Camellia Road	Transaction ID: A95AF769D7A304285841
	City State Zip Code Oneonta AL 35121-1902	Amount of Each Receipt this Period 27.58
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Management Services	Occupation DMS Training Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.60	

SUBTOTAL of Receipts This Page (optional)	82.74
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 / 240
	<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) Treieva Oakley		Date of Receipt MM / DD / YYYY 08 / 21 / 2009		
	Mailing Address 901 Camellia Road		Transaction ID: AF54CBF15B7374FB9BB6		
	City Oneonta	State AL	Zip Code 35121-1902	Amount of Each Receipt this Period 27.58	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation DMS Training Coordinator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 433.18			

B.	Full Name (Last, First, Middle Initial) Treieva Oakley		Date of Receipt MM / DD / YYYY 09 / 04 / 2009		
	Mailing Address 901 Camellia Road		Transaction ID: AA4FF37B02BA148D3918		
	City Oneonta	State AL	Zip Code 35121-1902	Amount of Each Receipt this Period 27.58	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation DMS Training Coordinator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.76			

C.	Full Name (Last, First, Middle Initial) Treieva Oakley		Date of Receipt MM / DD / YYYY 09 / 18 / 2009		
	Mailing Address 901 Camellia Road		Transaction ID: ADCEB3D1AAC9D4FA2B70		
	City Oneonta	State AL	Zip Code 35121-1902	Amount of Each Receipt this Period 27.58	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation DMS Training Coordinator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 488.34			

SUBTOTAL of Receipts This Page (optional)	82.74
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 240
(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)
Treieva Oakley

Mailing Address 901 Camellia Road

City State Zip Code
Oneonta AL 35121-1902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services DMS Training Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
515.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: A47DA6525B3F74841A54

Amount of Each Receipt this Period
27.58

B.

Full Name (Last, First, Middle Initial)
Treieva Oakley

Mailing Address 901 Camellia Road

City State Zip Code
Oneonta AL 35121-1902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services DMS Training Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
543.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: A437FF2D808554CABB4F

Amount of Each Receipt this Period
27.58

C.

Full Name (Last, First, Middle Initial)
Treieva Oakley

Mailing Address 901 Camellia Road

City State Zip Code
Oneonta AL 35121-1902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services DMS Training Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
571.08

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: ACA0E029EA16746BA997

Amount of Each Receipt this Period
27.58

SUBTOTAL of Receipts This Page (optional) ► **82.74**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 240
(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)
Treieva Oakley

Mailing Address 901 Camellia Road

City Oneonta State AL Zip Code 35121-1902

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
Occupation: DMS Training Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 598.66

Date of Receipt: 11 / 13 / 2009
Transaction ID: A3A5321350199463584C
 Amount of Each Receipt this Period: 27.58

B. Full Name (Last, First, Middle Initial)
Treieva Oakley

Mailing Address 901 Camellia Road

City Oneonta State AL Zip Code 35121-1902

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
Occupation: DMS Training Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 626.24

Date of Receipt: 11 / 27 / 2009
Transaction ID: A87FB96602B714C46B5B
 Amount of Each Receipt this Period: 27.58

C. Full Name (Last, First, Middle Initial)
Treieva Oakley

Mailing Address 901 Camellia Road

City Oneonta State AL Zip Code 35121-1902

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
Occupation: DMS Training Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 653.82

Date of Receipt: 12 / 11 / 2009
Transaction ID: A5BF8EE8F9F20442FB3A
 Amount of Each Receipt this Period: 27.58

SUBTOTAL of Receipts This Page (optional) ► 82.74

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Treviva Oakley		Date of Receipt
	Mailing Address 901 Camellia Road		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Oneonta	AL	35121-1902
	FEC ID number of contributing federal political committee.		Transaction ID: AD2498A0EAAA84D31993
		Amount of Each Receipt this Period	
		<input type="text" value="27.58"/>	
Name of Employer Diversicare Management Services		Occupation DMS Training Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="681.40"/>	

B.	Full Name (Last, First, Middle Initial) Diane K. Patterson		Date of Receipt
	Mailing Address 310 Welchwood		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Clarksville	TN	37040-6739
	FEC ID number of contributing federal political committee.		Transaction ID: A3F32F5B8C3AC4791951
		Amount of Each Receipt this Period	
		<input type="text" value="13.92"/>	
Name of Employer Diversicare Leasing Corp		Occupation Admin Administrator-exemp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="204.03"/>	

C.	Full Name (Last, First, Middle Initial) Diane K. Patterson		Date of Receipt
	Mailing Address 310 Welchwood		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Clarksville	TN	37040-6739
	FEC ID number of contributing federal political committee.		Transaction ID: AA63BE711603F4B8AA21
		Amount of Each Receipt this Period	
		<input type="text" value="13.92"/>	
Name of Employer Diversicare Leasing Corp		Occupation Admin Administrator-exemp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="204.03"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="55.42"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 240
(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)
Diane K. Patterson

Mailing Address 310 Welchwood

City State Zip Code
Clarksville TN 37040-6739

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 217.95

Date of Receipt
MM / DD / YYYY
08 / 13 / 2009

Transaction ID: A95EACD4DEE554353A96

Amount of Each Receipt this Period
13.92

B. Full Name (Last, First, Middle Initial)
Diane K. Patterson

Mailing Address 310 Welchwood

City State Zip Code
Clarksville TN 37040-6739

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 231.87

Date of Receipt
MM / DD / YYYY
08 / 27 / 2009

Transaction ID: A1874DABDBCBA4E6D83A

Amount of Each Receipt this Period
13.92

C. Full Name (Last, First, Middle Initial)
Diane K. Patterson

Mailing Address 310 Welchwood

City State Zip Code
Clarksville TN 37040-6739

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 245.79

Date of Receipt
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: A9164DD74D2ED4620A91

Amount of Each Receipt this Period
13.92

SUBTOTAL of Receipts This Page (optional) ► **41.76**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 240
(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)
Diane K. Patterson

Mailing Address 310 Welchwood

City Clarksville State TN Zip Code 37040-6739

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 259.71

Date of Receipt: 09 / 24 / 2009
Transaction ID: A6BC23D5C70A1497BA1F
 Amount of Each Receipt this Period: 13.92

B. Full Name (Last, First, Middle Initial)
Diane K. Patterson

Mailing Address 310 Welchwood

City Clarksville State TN Zip Code 37040-6739

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.63

Date of Receipt: 10 / 08 / 2009
Transaction ID: AF8F56748484A4D5895E
 Amount of Each Receipt this Period: 13.92

C. Full Name (Last, First, Middle Initial)
Diane K. Patterson

Mailing Address 310 Welchwood

City Clarksville State TN Zip Code 37040-6739

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 287.55

Date of Receipt: 10 / 22 / 2009
Transaction ID: A120CD3FFEA224D11AD7
 Amount of Each Receipt this Period: 13.92

SUBTOTAL of Receipts This Page (optional) ► **41.76**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 / 240
	<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)
 Diane K. Patterson
 Mailing Address 310 Welchwood
 City State Zip Code
 Clarksville TN 37040-6739
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 5 / 2 0 0 9
Transaction ID: AF FE6DC065AE54F2AA4F
 Amount of Each Receipt this Period
 13.92
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 301.47

B. Full Name (Last, First, Middle Initial)
 Diane K. Patterson
 Mailing Address 310 Welchwood
 City State Zip Code
 Clarksville TN 37040-6739
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 9 / 2 0 0 9
Transaction ID: A3E4C514C009F435892A
 Amount of Each Receipt this Period
 13.92
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.39

C. Full Name (Last, First, Middle Initial)
 Diane K. Patterson
 Mailing Address 310 Welchwood
 City State Zip Code
 Clarksville TN 37040-6739
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 3 / 2 0 0 9
Transaction ID: A803219810F2A4F90969
 Amount of Each Receipt this Period
 13.92
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 329.31

SUBTOTAL of Receipts This Page (optional) ► 41.76
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 / 240
	<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) Diane K. Patterson		Date of Receipt
	Mailing Address 310 Welchwood		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Clarksville	TN	37040-6739
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Leasing Corp		Occupation Admin Administrator-exemp	Transaction ID: A5BA974400C80403BAEF
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="343.23"/>	
		Amount of Each Receipt this Period	<input type="text" value="13.92"/>

B.	Full Name (Last, First, Middle Initial) Terena M. Raidt		Date of Receipt
	Mailing Address 7233 Althorp Way #S10		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Nashville	TN	37211-7156
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Management Services		Occupation VP of Marketing	Transaction ID: A412B6115A06A4DCCB45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="594.88"/>	
		Amount of Each Receipt this Period	<input type="text" value="45.76"/>

C.	Full Name (Last, First, Middle Initial) Terena M. Raidt		Date of Receipt
	Mailing Address 7233 Althorp Way #S10		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Nashville	TN	37211-7156
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Management Services		Occupation VP of Marketing	Transaction ID: ADA34364F44314025A28
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="640.64"/>	
		Amount of Each Receipt this Period	<input type="text" value="45.76"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="105.44"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 240
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Terena M. Raidt

Mailing Address 7233 Althorp Way #S10

City Nashville State TN Zip Code 37211-7156

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP of Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 686.40

Date of Receipt 08 / 07 / 2009

Transaction ID: AA2DCE933B6D947BD9AC

Amount of Each Receipt this Period 45.76

B.

Full Name (Last, First, Middle Initial)
Terena M. Raidt

Mailing Address 7233 Althorp Way #S10

City Nashville State TN Zip Code 37211-7156

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP of Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 732.16

Date of Receipt 08 / 21 / 2009

Transaction ID: A043CA68C9E624F248CE

Amount of Each Receipt this Period 45.76

C.

Full Name (Last, First, Middle Initial)
Terena M. Raidt

Mailing Address 7233 Althorp Way #S10

City Nashville State TN Zip Code 37211-7156

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP of Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 777.92

Date of Receipt 09 / 04 / 2009

Transaction ID: A97DE1EACE546465B838

Amount of Each Receipt this Period 45.76

SUBTOTAL of Receipts This Page (optional) ► **137.28**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 159 / 240
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Terena M. Raidt		Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address 7233 Althorp Way #S10		Transaction ID: ABFFA90A58CCC4364B0C
	City Nashville	State TN	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.76
	Name of Employer Diversicare Management Services		Occupation VP of Marketing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 823.68	

B.	Full Name (Last, First, Middle Initial) Terena M. Raidt		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 7233 Althorp Way #S10		Transaction ID: AE51EB7C81D79495890A
	City Nashville	State TN	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.76
	Name of Employer Diversicare Management Services		Occupation VP of Marketing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 869.44	

C.	Full Name (Last, First, Middle Initial) Terena M. Raidt		Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 7233 Althorp Way #S10		Transaction ID: AE173B786B4B343B190D
	City Nashville	State TN	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.76
	Name of Employer Diversicare Management Services		Occupation VP of Marketing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 915.20	

SUBTOTAL of Receipts This Page (optional)	137.28
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 / 240		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Terena M. Raidt		Date of Receipt MM / DD / YYYY 10 / 30 / 2009		
	Mailing Address 7233 Althorp Way #S10		Transaction ID: A71E8E71EBDCB465CBC9		
	City Nashville	State TN	Zip Code 37211-7156	Amount of Each Receipt this Period 45.76	
	FEC ID number of contributing federal political committee. C		Name of Employer Diversicare Management Services		
	Occupation VP of Marketing		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
960.96

B.	Full Name (Last, First, Middle Initial) Terena M. Raidt		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 7233 Althorp Way #S10		Transaction ID: AE140AF4E90094458A4F		
	City Nashville	State TN	Zip Code 37211-7156	Amount of Each Receipt this Period 45.76	
	FEC ID number of contributing federal political committee. C		Name of Employer Diversicare Management Services		
	Occupation VP of Marketing		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
1006.72

C.	Full Name (Last, First, Middle Initial) Terena M. Raidt		Date of Receipt MM / DD / YYYY 11 / 27 / 2009		
	Mailing Address 7233 Althorp Way #S10		Transaction ID: A639FF230D1B3452B9EF		
	City Nashville	State TN	Zip Code 37211-7156	Amount of Each Receipt this Period 45.76	
	FEC ID number of contributing federal political committee. C		Name of Employer Diversicare Management Services		
	Occupation VP of Marketing		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
1052.48

SUBTOTAL of Receipts This Page (optional)	137.28
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 240
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Terena M. Raidt
 Mailing Address 7233 Althorp Way #S10
 City Nashville State TN Zip Code 37211-7156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation VP of Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1098.24
 Date of Receipt 12 / 11 / 2009
Transaction ID: ABCA0F5E18E204EADA3D
 Amount of Each Receipt this Period 45.76

B. Full Name (Last, First, Middle Initial)
Terena M. Raidt
 Mailing Address 7233 Althorp Way #S10
 City Nashville State TN Zip Code 37211-7156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation VP of Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1144.00
 Date of Receipt 12 / 24 / 2009
Transaction ID: A01DAAAA8F3FD44E7879
 Amount of Each Receipt this Period 45.76

C. Full Name (Last, First, Middle Initial)
Robert Rice
 Mailing Address 7147 Riverfront Drive
 City Nashville State TN Zip Code 37221-6585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation VP of Risk Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.72
 Date of Receipt 07 / 10 / 2009
Transaction ID: A44A09547D28E402580C
 Amount of Each Receipt this Period 45.06

SUBTOTAL of Receipts This Page (optional) ► 136.58
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 162 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Robert Rice	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 7147 Riverfront Drive	Transaction ID: ADCDFB2046A574580865
	City State Zip Code Nashville TN 37221-6585	Amount of Each Receipt this Period 45.06
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP of Risk Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 585.78	

B.	Full Name (Last, First, Middle Initial) Robert Rice	Date of Receipt MM / DD / YYYY 08 / 07 / 2009
	Mailing Address 7147 Riverfront Drive	Transaction ID: AA498F24454434093BA2
	City State Zip Code Nashville TN 37221-6585	Amount of Each Receipt this Period 45.06
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP of Risk Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 630.84	

C.	Full Name (Last, First, Middle Initial) Robert Rice	Date of Receipt MM / DD / YYYY 08 / 21 / 2009
	Mailing Address 7147 Riverfront Drive	Transaction ID: A59BFB1516E214F54999
	City State Zip Code Nashville TN 37221-6585	Amount of Each Receipt this Period 45.06
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP of Risk Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 675.90	

SUBTOTAL of Receipts This Page (optional)	▶	135.18
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Robert Rice

Mailing Address 7147 Riverfront Drive

City Nashville State TN Zip Code 37221-6585

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP of Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.96

Date of Receipt 09 / 04 / 2009

Transaction ID: A7C28FDF3CF964833A8A

Amount of Each Receipt this Period 45.06

B.

Full Name (Last, First, Middle Initial)
Robert Rice

Mailing Address 7147 Riverfront Drive

City Nashville State TN Zip Code 37221-6585

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP of Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 766.02

Date of Receipt 09 / 18 / 2009

Transaction ID: A207D5843A6C54FF7BAD

Amount of Each Receipt this Period 45.06

C.

Full Name (Last, First, Middle Initial)
Robert Rice

Mailing Address 7147 Riverfront Drive

City Nashville State TN Zip Code 37221-6585

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP of Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 811.08

Date of Receipt 10 / 02 / 2009

Transaction ID: A16DBAECF540E428D918

Amount of Each Receipt this Period 45.06

SUBTOTAL of Receipts This Page (optional) ► **135.18**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Robert Rice	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 9
	Mailing Address 7147 Riverfront Drive	Transaction ID: AE43F544041DF432D96F
	City State Zip Code Nashville TN 37221-6585	Amount of Each Receipt this Period 45.06
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP of Risk Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 856.14	

B.	Full Name (Last, First, Middle Initial) Robert Rice	Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 9
	Mailing Address 7147 Riverfront Drive	Transaction ID: ADF57EEA536CF48829F7
	City State Zip Code Nashville TN 37221-6585	Amount of Each Receipt this Period 45.06
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP of Risk Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 901.20	

C.	Full Name (Last, First, Middle Initial) Robert Rice	Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 9
	Mailing Address 7147 Riverfront Drive	Transaction ID: A09C7CA46CC6A4EA9BBE
	City State Zip Code Nashville TN 37221-6585	Amount of Each Receipt this Period 45.06
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP of Risk Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 946.26	

SUBTOTAL of Receipts This Page (optional)	▶	135.18
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Robert Rice	Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 7147 Riverfront Drive	Transaction ID: ABB9BB881B6CB441CA1E
	City State Zip Code Nashville TN 37221-6585	Amount of Each Receipt this Period 45.06
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP of Risk Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 991.32	

B.	Full Name (Last, First, Middle Initial) Robert Rice	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 7147 Riverfront Drive	Transaction ID: AEA33E8C6DE4A46D9801
	City State Zip Code Nashville TN 37221-6585	Amount of Each Receipt this Period 45.06
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP of Risk Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1036.38	

C.	Full Name (Last, First, Middle Initial) Robert Rice	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 7147 Riverfront Drive	Transaction ID: AC148DF31CFE84C00A9B
	City State Zip Code Nashville TN 37221-6585	Amount of Each Receipt this Period 45.06
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP of Risk Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1081.44	

SUBTOTAL of Receipts This Page (optional)	▶	135.18
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Louis G. Riddle

Mailing Address 1203 Signature Court

City Franklin State TN Zip Code 37064-9663

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation CFO,EVP, Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 07 / 10 / 2009

Transaction ID: AE47CE422442B4C4BA4C

Amount of Each Receipt this Period 192.30

B.

Full Name (Last, First, Middle Initial)
Louis G. Riddle

Mailing Address 1203 Signature Court

City Franklin State TN Zip Code 37064-9663

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation CFO,EVP, Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 07 / 24 / 2009

Transaction ID: A1DC2D0D964424866969

Amount of Each Receipt this Period 192.30

C.

Full Name (Last, First, Middle Initial)
Louis G. Riddle

Mailing Address 1203 Signature Court

City Franklin State TN Zip Code 37064-9663

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation CFO,EVP, Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 08 / 07 / 2009

Transaction ID: ABF3E4FC54E9C4D93A5B

Amount of Each Receipt this Period 192.30

SUBTOTAL of Receipts This Page (optional) ► **576.90**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Louis G. Riddle	Date of Receipt MM / DD / YYYY 08 / 21 / 2009
	Mailing Address 1203 Signature Court	Transaction ID: AF2C13ECC5480476F972
	City State Zip Code Franklin TN 37064-9663	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: CFO,EVP, Secretary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3076.80	

B.	Full Name (Last, First, Middle Initial) Louis G. Riddle	Date of Receipt MM / DD / YYYY 09 / 04 / 2009
	Mailing Address 1203 Signature Court	Transaction ID: A507372B78C2B49F7BC4
	City State Zip Code Franklin TN 37064-9663	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: CFO,EVP, Secretary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3269.10	

C.	Full Name (Last, First, Middle Initial) Louis G. Riddle	Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address 1203 Signature Court	Transaction ID: A12B776D75A6A48A9BC5
	City State Zip Code Franklin TN 37064-9663	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: CFO,EVP, Secretary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3461.40	

SUBTOTAL of Receipts This Page (optional)	576.90
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Louis G. Riddle

Mailing Address 1203 Signature Court

City Franklin State TN Zip Code 37064-9663

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation CFO,EVP, Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 10 / 02 / 2009

Transaction ID: A005FA97BDA274521A2D

Amount of Each Receipt this Period 192.30

B. Full Name (Last, First, Middle Initial)
Louis G. Riddle

Mailing Address 1203 Signature Court

City Franklin State TN Zip Code 37064-9663

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation CFO,EVP, Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 16 / 2009

Transaction ID: A34A0AD150F554C02A8B

Amount of Each Receipt this Period 192.30

C. Full Name (Last, First, Middle Initial)
Louis G. Riddle

Mailing Address 1203 Signature Court

City Franklin State TN Zip Code 37064-9663

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation CFO,EVP, Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 30 / 2009

Transaction ID: A07899103694C4C739DE

Amount of Each Receipt this Period 192.30

SUBTOTAL of Receipts This Page (optional) ► 576.90

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 169 / 240
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Louis G. Riddle		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 1203 Signature Court		Transaction ID: A1F3BAE6CB59741A3B6A
	City Franklin	State TN	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
	Name of Employer Diversicare Management Services		Occupation CFO,EVP, Secretary
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4230.60	

B.	Full Name (Last, First, Middle Initial) Louis G. Riddle		Date of Receipt MM / DD / YYYY 11 / 27 / 2009
	Mailing Address 1203 Signature Court		Transaction ID: A5A6D6108714C4E4A859
	City Franklin	State TN	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
	Name of Employer Diversicare Management Services		Occupation CFO,EVP, Secretary
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4422.90	

C.	Full Name (Last, First, Middle Initial) Louis G. Riddle		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 1203 Signature Court		Transaction ID: A643CD990AB1E49E4A55
	City Franklin	State TN	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
	Name of Employer Diversicare Management Services		Occupation CFO,EVP, Secretary
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4615.20	

SUBTOTAL of Receipts This Page (optional)	576.90
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 240
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
 Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
 Louis G. Riddle
 Mailing Address 1203 Signature Court
 City State Zip Code
 Franklin TN 37064-9663
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 2 4 / 2 0 0 9
Transaction ID: AB8F6A0DE153E4317BD9
 Amount of Each Receipt this Period
 192.30
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services CFO,EVP, Secretary
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4807.50

B. Full Name (Last, First, Middle Initial)
 Larry Roberson
 Mailing Address 805 Merritt Drive
 City State Zip Code
 Lockhart TX 78644-3335
 Date of Receipt
 M M / D D / Y Y Y Y
 0 7 / 0 9 / 2 0 0 9
Transaction ID: A75E968E55D4A42B99F4
 Amount of Each Receipt this Period
 30.21
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corporation Admin Administrator-exemp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 416.45

C. Full Name (Last, First, Middle Initial)
 Larry Roberson
 Mailing Address 805 Merritt Drive
 City State Zip Code
 Lockhart TX 78644-3335
 Date of Receipt
 M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 0 9
Transaction ID: A79BB69124396428F902
 Amount of Each Receipt this Period
 30.21
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corporation Admin Administrator-exemp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 446.66

SUBTOTAL of Receipts This Page (optional) ► 252.72
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 240
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Larry Roberson

Mailing Address 805 Merritt Drive

City Lockhart State TX Zip Code 78644-3335

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Leasing Corporation
Occupation: Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 476.87

Date of Receipt: 08 / 06 / 2009
Transaction ID: A577B22904619479AA60

Amount of Each Receipt this Period: 30.21

B.

Full Name (Last, First, Middle Initial)
Larry Roberson

Mailing Address 805 Merritt Drive

City Lockhart State TX Zip Code 78644-3335

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Leasing Corporation
Occupation: Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 507.08

Date of Receipt: 08 / 20 / 2009
Transaction ID: AA4A0F83EFC9F477DB5F

Amount of Each Receipt this Period: 30.21

C.

Full Name (Last, First, Middle Initial)
Larry Roberson

Mailing Address 805 Merritt Drive

City Lockhart State TX Zip Code 78644-3335

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Leasing Corporation
Occupation: Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 537.29

Date of Receipt: 09 / 03 / 2009
Transaction ID: A457B557710A34903A09

Amount of Each Receipt this Period: 30.21

SUBTOTAL of Receipts This Page (optional) ► 90.63

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 240
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Larry Roberson

Mailing Address 805 Merritt Drive

City Lockhart State TX Zip Code 78644-3335

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Leasing Corporation
Occupation: Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 567.50

Date of Receipt: 09 / 17 / 2009
Transaction ID: AB74AD4E0743140B48A5
 Amount of Each Receipt this Period: 30.21

B.

Full Name (Last, First, Middle Initial)
Larry Roberson

Mailing Address 805 Merritt Drive

City Lockhart State TX Zip Code 78644-3335

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Leasing Corporation
Occupation: Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 627.92

Date of Receipt: 10 / 15 / 2009
Transaction ID: AA289B4898AB94490B5D
 Amount of Each Receipt this Period: 30.21

C.

Full Name (Last, First, Middle Initial)
Larry Roberson

Mailing Address 805 Merritt Drive

City Lockhart State TX Zip Code 78644-3335

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Leasing Corporation
Occupation: Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 627.92

Date of Receipt: 10 / 15 / 2009
Transaction ID: A0A1F0AD7F2314E149BF
 Amount of Each Receipt this Period: 30.21

SUBTOTAL of Receipts This Page (optional) ► 90.63

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Larry Roberson

Mailing Address 805 Merritt Drive

City Lockhart State TX Zip Code 78644-3335

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Leasing Corporation
Occupation: Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 658.13

Date of Receipt: 10 / 29 / 2009
Transaction ID: AB027F600326F4B6C8E5
Amount of Each Receipt this Period: 30.21

B.

Full Name (Last, First, Middle Initial)
Larry Roberson

Mailing Address 805 Merritt Drive

City Lockhart State TX Zip Code 78644-3335

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Leasing Corporation
Occupation: Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 688.34

Date of Receipt: 11 / 12 / 2009
Transaction ID: A5DEB1AA9C5C24408A4B
Amount of Each Receipt this Period: 30.21

C.

Full Name (Last, First, Middle Initial)
Larry Roberson

Mailing Address 805 Merritt Drive

City Lockhart State TX Zip Code 78644-3335

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Leasing Corporation
Occupation: Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 718.55

Date of Receipt: 11 / 25 / 2009
Transaction ID: A00F4ACE5622B47D5A45
Amount of Each Receipt this Period: 30.21

SUBTOTAL of Receipts This Page (optional) ► 90.63

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
 Larry Roberson

Mailing Address 805 Merritt Drive

City Lockhart State TX Zip Code 78644-3335

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Leasing Corporation
 Occupation: Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 748.76

Date of Receipt: 12 / 10 / 2009
Transaction ID: AAFC530CBD7224953B95
 Amount of Each Receipt this Period: 30.21

B.

Full Name (Last, First, Middle Initial)
 Larry Roberson

Mailing Address 805 Merritt Drive

City Lockhart State TX Zip Code 78644-3335

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Leasing Corporation
 Occupation: Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 778.97

Date of Receipt: 12 / 24 / 2009
Transaction ID: A63773087AC7A4BB4A4D
 Amount of Each Receipt this Period: 30.21

C.

Full Name (Last, First, Middle Initial)
 Jessica M. Robison

Mailing Address P O Box 991

City Cabot State AR Zip Code 72023-0991

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
 Occupation: Arkansas MDS Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.34

Date of Receipt: 08 / 21 / 2009
Transaction ID: A83C00FBEC414DC9808
 Amount of Each Receipt this Period: 13.19

SUBTOTAL of Receipts This Page (optional) ► **73.61**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 / 240
	<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) Jessica M. Robison		Date of Receipt
	Mailing Address P O Box 991		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Cabot	State AR	Zip Code 72023-0991
	FEC ID number of contributing federal political committee. C		Transaction ID: A5F4400BB836D41B4B51
	Amount of Each Receipt this Period		<input type="text" value="13.19"/>
Name of Employer Diversicare Management Services		Occupation Arkansas MDS Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="218.53"/>	

B.	Full Name (Last, First, Middle Initial) Jessica M. Robison		Date of Receipt
	Mailing Address P O Box 991		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Cabot	State AR	Zip Code 72023-0991
	FEC ID number of contributing federal political committee. C		Transaction ID: A1D822B4772DB4FAFAAC
	Amount of Each Receipt this Period		<input type="text" value="13.19"/>
Name of Employer Diversicare Management Services		Occupation Arkansas MDS Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="231.72"/>	

C.	Full Name (Last, First, Middle Initial) Jessica M. Robison		Date of Receipt
	Mailing Address P O Box 991		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Cabot	State AR	Zip Code 72023-0991
	FEC ID number of contributing federal political committee. C		Transaction ID: A87199B50DE1B45E3BC4
	Amount of Each Receipt this Period		<input type="text" value="13.19"/>
Name of Employer Diversicare Management Services		Occupation Arkansas MDS Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="244.91"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="39.57"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 240
(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)
Jessica M. Robison

Mailing Address P O Box 991

City Cabot State AR Zip Code 72023-0991

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Arkansas MDS Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 258.10

Date of Receipt 10 / 16 / 2009

Transaction ID: AF626BCBBFADF444B97B

Amount of Each Receipt this Period 13.19

B.

Full Name (Last, First, Middle Initial)
Jessica M. Robison

Mailing Address P O Box 991

City Cabot State AR Zip Code 72023-0991

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Arkansas MDS Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 271.29

Date of Receipt 10 / 30 / 2009

Transaction ID: AC8B40F7CF1ED4F9898B

Amount of Each Receipt this Period 13.19

C.

Full Name (Last, First, Middle Initial)
Jessica M. Robison

Mailing Address P O Box 991

City Cabot State AR Zip Code 72023-0991

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Arkansas MDS Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 284.48

Date of Receipt 11 / 13 / 2009

Transaction ID: A5CC04906E0094714925

Amount of Each Receipt this Period 13.19

SUBTOTAL of Receipts This Page (optional) ► **39.57**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 240
(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)
Jessica M. Robison
Mailing Address P O Box 991

City Cabot State AR Zip Code 72023-0991

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Arkansas MDS Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.67

Date of Receipt 11 / 27 / 2009
Transaction ID: A2A0FA76B95AF48A6A84
 Amount of Each Receipt this Period 13.19

B. Full Name (Last, First, Middle Initial)
Jessica M. Robison
Mailing Address P O Box 991

City Cabot State AR Zip Code 72023-0991

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Arkansas MDS Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.86

Date of Receipt 12 / 11 / 2009
Transaction ID: A913FBAF71BA444BC97D
 Amount of Each Receipt this Period 13.19

C. Full Name (Last, First, Middle Initial)
Jessica M. Robison
Mailing Address P O Box 991

City Cabot State AR Zip Code 72023-0991

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Arkansas MDS Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.05

Date of Receipt 12 / 24 / 2009
Transaction ID: A3EB6232F376749819F8
 Amount of Each Receipt this Period 13.19

SUBTOTAL of Receipts This Page (optional) ► 39.57

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 / 240
	<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) Vicki C. Root		Date of Receipt	
	Mailing Address 134 Robinhood Dr		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: AD102615665C84691BB3
	Kennedy	TX	78119-2503	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		28.26		
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 254.34		

B.	Full Name (Last, First, Middle Initial) Vicki C. Root		Date of Receipt	
	Mailing Address 134 Robinhood Dr		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: AE19C157FFC4040D0878
	Kennedy	TX	78119-2503	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		28.26		
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 254.34		

C.	Full Name (Last, First, Middle Initial) Vicki C. Root		Date of Receipt	
	Mailing Address 134 Robinhood Dr		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: A184DE8DA2B5747D8858
	Kennedy	TX	78119-2503	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		28.26		
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 282.60		

SUBTOTAL of Receipts This Page (optional)	▶	84.78
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Vicki C. Root		Date of Receipt
	Mailing Address 134 Robinhood Dr		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kennedy	TX	78119-2503
	FEC ID number of contributing federal political committee. C		Transaction ID: ABA1FA4BA19C04493AD0
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="310.86"/>	<input type="text" value="28.26"/>

B.	Full Name (Last, First, Middle Initial) Vicki C. Root		Date of Receipt
	Mailing Address 134 Robinhood Dr		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kennedy	TX	78119-2503
	FEC ID number of contributing federal political committee. C		Transaction ID: A375583FACF784AF68C1
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="339.12"/>	<input type="text" value="28.26"/>

C.	Full Name (Last, First, Middle Initial) Vicki C. Root		Date of Receipt
	Mailing Address 134 Robinhood Dr		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kennedy	TX	78119-2503
	FEC ID number of contributing federal political committee. C		Transaction ID: A052F808E61B64704BC7
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="367.38"/>	<input type="text" value="28.26"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="84.78"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 240
(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 C. Root		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 134 Robinhood Dr		Transaction ID: A8F220A4E58B44D68BEC
City Kennedy	State Zip Code TX 78119-2503	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.26
Name of Employer Diversicare Leasing Corporation	Occupation Admin Administrator-exemp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.64	

B.

Full Name (Last, First, Middle Initial) Marlies B. Sarrett		Date of Receipt MM / DD / YYYY 07 / 10 / 2009
Mailing Address 3450 East Lake Drive		Transaction ID: A511861F552054011A8A
City Land O Lakes	State Zip Code FL 34639-4641	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.04
Name of Employer Diversicare Management Services	Occupation Florida Cqi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.32	

C.

Full Name (Last, First, Middle Initial) Marlies B. Sarrett		Date of Receipt MM / DD / YYYY 07 / 24 / 2009
Mailing Address 3450 East Lake Drive		Transaction ID: AEEB538ED931A41D9A44
City Land O Lakes	State Zip Code FL 34639-4641	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.04
Name of Employer Diversicare Management Services	Occupation Florida Cqi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 451.36	

SUBTOTAL of Receipts This Page (optional)	94.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 240
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Marlies B. Sarrett

Mailing Address 3450 East Lake Drive

City Land O Lakes State FL Zip Code 34639-4641

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Florida Cqi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 484.40

Date of Receipt 08 / 07 / 2009
Transaction ID: AD543690950DC46B8883
 Amount of Each Receipt this Period 33.04

B.

Full Name (Last, First, Middle Initial)
Marlies B. Sarrett

Mailing Address 3450 East Lake Drive

City Land O Lakes State FL Zip Code 34639-4641

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Florida Cqi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 517.44

Date of Receipt 08 / 21 / 2009
Transaction ID: A654C934AB9464B0CBE5
 Amount of Each Receipt this Period 33.04

C.

Full Name (Last, First, Middle Initial)
Marlies B. Sarrett

Mailing Address 3450 East Lake Drive

City Land O Lakes State FL Zip Code 34639-4641

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Florida Cqi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.48

Date of Receipt 09 / 04 / 2009
Transaction ID: AEC8AFC37F90B4F2397F
 Amount of Each Receipt this Period 33.04

SUBTOTAL of Receipts This Page (optional) ► 99.12

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 182 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Marlies B. Sarrett	Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address 3450 East Lake Drive	Transaction ID: A4B728FCF10B846ABA8E
	City State Zip Code Land O Lakes FL 34639-4641	Amount of Each Receipt this Period 33.04
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Florida Cqi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.52

B.	Full Name (Last, First, Middle Initial) Marlies B. Sarrett	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 3450 East Lake Drive	Transaction ID: A085DBE6E62B449628FE
	City State Zip Code Land O Lakes FL 34639-4641	Amount of Each Receipt this Period 33.04
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Florida Cqi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 616.56

C.	Full Name (Last, First, Middle Initial) Marlies B. Sarrett	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 3450 East Lake Drive	Transaction ID: AB12E8877F773413EB29
	City State Zip Code Land O Lakes FL 34639-4641	Amount of Each Receipt this Period 33.04
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Florida Cqi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 649.60

SUBTOTAL of Receipts This Page (optional)	99.12
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 183 / 240
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Marlies B. Sarrett

Mailing Address 3450 East Lake Drive

City Land O Lakes State FL Zip Code 34639-4641

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Florida Cqi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 682.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	9

Transaction ID: A33415D8527234A398D6

Amount of Each Receipt this Period
33.04

B.

Full Name (Last, First, Middle Initial)
Marlies B. Sarrett

Mailing Address 3450 East Lake Drive

City Land O Lakes State FL Zip Code 34639-4641

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Florida Cqi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 715.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	9

Transaction ID: A6555C0063F6344A3849

Amount of Each Receipt this Period
33.04

C.

Full Name (Last, First, Middle Initial)
Marlies B. Sarrett

Mailing Address 3450 East Lake Drive

City Land O Lakes State FL Zip Code 34639-4641

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Florida Cqi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 748.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	0	9

Transaction ID: A31775B66E28B4D9EA72

Amount of Each Receipt this Period
33.04

SUBTOTAL of Receipts This Page (optional) ► **99.12**

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 184 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Marlies B. Sarrett

Mailing Address 3450 East Lake Drive

City State Zip Code
Land O Lakes FL 34639-4641

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Florida Cqi

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 781.76

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: A206898F3CB2741BB998

Amount of Each Receipt this Period
33.04

B.

Full Name (Last, First, Middle Initial)
Marlies B. Sarrett

Mailing Address 3450 East Lake Drive

City State Zip Code
Land O Lakes FL 34639-4641

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Florida Cqi

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 814.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: A2CA767E922BB488EB2D

Amount of Each Receipt this Period
33.04

C.

Full Name (Last, First, Middle Initial)
Kenneth K. Smith

Mailing Address 4909 Walnut Hills Drive

City State Zip Code
Louisville KY 40299-1044

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Regional Hr Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 539.92

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: AC3B0CD5D368345FABD9

Amount of Each Receipt this Period
42.64

SUBTOTAL of Receipts This Page (optional) ► **108.72**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Kenneth K. Smith

Mailing Address 4909 Walnut Hills Drive

City State Zip Code
Louisville KY 40299-1044

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
Occupation: Regional Hr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
582.56

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: A5C653F36474D4023BE3

Amount of Each Receipt this Period
42.64

B.

Full Name (Last, First, Middle Initial)
Kenneth K. Smith

Mailing Address 4909 Walnut Hills Drive

City State Zip Code
Louisville KY 40299-1044

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
Occupation: Regional Hr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.20

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: A4596203C04F144DD8CD

Amount of Each Receipt this Period
42.64

C.

Full Name (Last, First, Middle Initial)
Kenneth K. Smith

Mailing Address 4909 Walnut Hills Drive

City State Zip Code
Louisville KY 40299-1044

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
Occupation: Regional Hr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
667.84

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: A1A7C8C75705D44E99AA

Amount of Each Receipt this Period
42.64

SUBTOTAL of Receipts This Page (optional) ► **127.92**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 240
(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)
Kenneth K. Smith

Mailing Address 4909 Walnut Hills Drive

City State Zip Code
Louisville KY 40299-1044

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
Occupation: Regional Hr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
710.48

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: A471F7473796A4504BEB

Amount of Each Receipt this Period
42.64

B.

Full Name (Last, First, Middle Initial)
Kenneth K. Smith

Mailing Address 4909 Walnut Hills Drive

City State Zip Code
Louisville KY 40299-1044

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
Occupation: Regional Hr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
753.12

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: A0B8F514AD5CC45DFB49

Amount of Each Receipt this Period
42.64

C.

Full Name (Last, First, Middle Initial)
Kenneth K. Smith

Mailing Address 4909 Walnut Hills Drive

City State Zip Code
Louisville KY 40299-1044

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
Occupation: Regional Hr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
795.76

Date of Receipt
MM / DD / YYYY
10 / 02 / 2009

Transaction ID: A8B9A8D9A75C04BC6B3B

Amount of Each Receipt this Period
42.64

SUBTOTAL of Receipts This Page (optional) ► **127.92**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 187 / 240 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial) Kenneth K. Smith Mailing Address 4909 Walnut Hills Drive City State Zip Code Louisville KY 40299-1044 FEC ID number of contributing federal political committee. C Name of Employer: Diversicare Management Services Occupation: Regional Hr Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right; border: 1px solid black; padding: 2px;">838.40</div>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Transaction ID: A3D70E72D01734D669ED Amount of Each Receipt this Period <div style="text-align: right; border: 1px solid black; padding: 2px;">42.64</div>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	6		2	0	0	9												

B. Full Name (Last, First, Middle Initial) Kenneth K. Smith Mailing Address 4909 Walnut Hills Drive City State Zip Code Louisville KY 40299-1044 FEC ID number of contributing federal political committee. C Name of Employer: Diversicare Management Services Occupation: Regional Hr Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right; border: 1px solid black; padding: 2px;">881.04</div>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Transaction ID: A644EA2535B38441CB3C Amount of Each Receipt this Period <div style="text-align: right; border: 1px solid black; padding: 2px;">42.64</div>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	0		2	0	0	9												

C. Full Name (Last, First, Middle Initial) Kenneth K. Smith Mailing Address 4909 Walnut Hills Drive City State Zip Code Louisville KY 40299-1044 FEC ID number of contributing federal political committee. C Name of Employer: Diversicare Management Services Occupation: Regional Hr Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right; border: 1px solid black; padding: 2px;">923.68</div>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Transaction ID: A58757DE9DBCA40E3B3E Amount of Each Receipt this Period <div style="text-align: right; border: 1px solid black; padding: 2px;">42.64</div>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	3		2	0	0	9												

SUBTOTAL of Receipts This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; display: inline-block;">127.92</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**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 188 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
 Kenneth K. Smith

Mailing Address 4909 Walnut Hills Drive

City State Zip Code
 Louisville KY 40299-1044

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
 Occupation: Regional Hr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 966.32

Date of Receipt: 11 / 27 / 2009
Transaction ID: A13C453C4FA574CD18A4
 Amount of Each Receipt this Period: 42.64

B. Full Name (Last, First, Middle Initial)
 Kenneth K. Smith

Mailing Address 4909 Walnut Hills Drive

City State Zip Code
 Louisville KY 40299-1044

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
 Occupation: Regional Hr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1008.96

Date of Receipt: 12 / 11 / 2009
Transaction ID: AFDE200A7DC0343218EB
 Amount of Each Receipt this Period: 42.64

C. Full Name (Last, First, Middle Initial)
 Kenneth K. Smith

Mailing Address 4909 Walnut Hills Drive

City State Zip Code
 Louisville KY 40299-1044

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
 Occupation: Regional Hr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1051.60

Date of Receipt: 12 / 24 / 2009
Transaction ID: A60B12B2E9EE14AFEBAA
 Amount of Each Receipt this Period: 42.64

SUBTOTAL of Receipts This Page (optional) ► **127.92**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 240

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Gary K. Snyder

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 394.26

Date of Receipt 07 / 02 / 2009

Transaction ID: ACA0BE76D11A646C0AE9

Amount of Each Receipt this Period 30.75

B.

Full Name (Last, First, Middle Initial)
Gary K. Snyder

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.76

Date of Receipt 07 / 16 / 2009

Transaction ID: AD4C5D6A2E323476DBBB

Amount of Each Receipt this Period 30.75

C.

Full Name (Last, First, Middle Initial)
Gary K. Snyder

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.76

Date of Receipt 07 / 16 / 2009

Transaction ID: A0ECE37E7F53947A9852

Amount of Each Receipt this Period 30.75

SUBTOTAL of Receipts This Page (optional) 92.25

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 190 / 240
(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)
 Gary K. Snyder

Mailing Address PO Box 30

City State Zip Code
 Martin TN 38237-0030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 486.51

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 13 / 2009

Transaction ID: AC1630CF43FB241B68AB

Amount of Each Receipt this Period
 30.75

B.

Full Name (Last, First, Middle Initial)
 Gary K. Snyder

Mailing Address PO Box 30

City State Zip Code
 Martin TN 38237-0030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 517.26

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 27 / 2009

Transaction ID: ACF1B30F21EF14CAF9D3

Amount of Each Receipt this Period
 30.75

C.

Full Name (Last, First, Middle Initial)
 Gary K. Snyder

Mailing Address PO Box 30

City State Zip Code
 Martin TN 38237-0030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 548.01

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 10 / 2009

Transaction ID: A31DDDCB19EE84F2DB49

Amount of Each Receipt this Period
 30.75

SUBTOTAL of Receipts This Page (optional) ► 92.25

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 191 / 240
(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)
Gary K. Snyder

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 578.76

Date of Receipt
MM / DD / YYYY
09 / 24 / 2009

Transaction ID: A73A6B5C199F44F289EC

Amount of Each Receipt this Period
30.75

B. Full Name (Last, First, Middle Initial)
Gary K. Snyder

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 609.51

Date of Receipt
MM / DD / YYYY
10 / 08 / 2009

Transaction ID: A556CC9D8AAAAA48EFA4D

Amount of Each Receipt this Period
30.75

C. Full Name (Last, First, Middle Initial)
Gary K. Snyder

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 640.26

Date of Receipt
MM / DD / YYYY
10 / 22 / 2009

Transaction ID: AAC2C5E2AB4C04D50835

Amount of Each Receipt this Period
30.75

SUBTOTAL of Receipts This Page (optional) ► 92.25

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 192 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Gary K. Snyder

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 671.01

Date of Receipt
MM / DD / YYYY
11 / 05 / 2009

Transaction ID: A1E1EB6B452D04A3FBB3

Amount of Each Receipt this Period
30.75

B. Full Name (Last, First, Middle Initial)
Gary K. Snyder

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 701.76

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: A1638B62E5C8644DFA1C

Amount of Each Receipt this Period
30.75

C. Full Name (Last, First, Middle Initial)
Gary K. Snyder

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 732.51

Date of Receipt
MM / DD / YYYY
12 / 03 / 2009

Transaction ID: A1A96C4E34B034E5BA26

Amount of Each Receipt this Period
30.75

SUBTOTAL of Receipts This Page (optional) ► **92.25**

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 193 / 240
(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)
Gary K. Snyder

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 763.26

Date of Receipt
MM / DD / YYYY
12 / 17 / 2009

Transaction ID: A3EB1CDD4F33A43AD80E

Amount of Each Receipt this Period
30.75

B. Full Name (Last, First, Middle Initial)
Kathie Sullivan

Mailing Address 2469 AR 115

City State Zip Code
Smithville AR 72466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 386.98

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: ADFF7EE64DFA249AE981

Amount of Each Receipt this Period
30.56

C. Full Name (Last, First, Middle Initial)
Kathie Sullivan

Mailing Address 2469 AR 115

City State Zip Code
Smithville AR 72466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 417.54

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: A79B876F1FD7A4768A77

Amount of Each Receipt this Period
30.56

SUBTOTAL of Receipts This Page (optional) ► **91.87**

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 194 / 240
(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)
Kathie Sullivan

Mailing Address 2469 AR 115

City State Zip Code
Smithville AR 72466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 448.10

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: AAFC842F12E37401485D

Amount of Each Receipt this Period
30.56

B.

Full Name (Last, First, Middle Initial)
Kathie Sullivan

Mailing Address 2469 AR 115

City State Zip Code
Smithville AR 72466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 478.66

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: A869728959DDB4E4EA64

Amount of Each Receipt this Period
30.56

C.

Full Name (Last, First, Middle Initial)
Kathie Sullivan

Mailing Address 2469 AR 115

City State Zip Code
Smithville AR 72466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 509.22

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: AFD47A679FF2C417C84D

Amount of Each Receipt this Period
30.56

SUBTOTAL of Receipts This Page (optional) ► 91.68

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Kathie Sullivan		Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address 2469 AR 115		Transaction ID: A5D94CDD6CE7840C98E0
	City Smithville	State AR	Zip Code 72466
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.56
	Name of Employer Diversicare Management Services	Occupation Arkansas Cqi Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 539.78	

B.	Full Name (Last, First, Middle Initial) Kathie Sullivan		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 2469 AR 115		Transaction ID: A925DCBA298CD49CA909
	City Smithville	State AR	Zip Code 72466
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.56
	Name of Employer Diversicare Management Services	Occupation Arkansas Cqi Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 570.34	

C.	Full Name (Last, First, Middle Initial) Kathie Sullivan		Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 2469 AR 115		Transaction ID: AD1FEABEB57BE477FB27
	City Smithville	State AR	Zip Code 72466
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.56
	Name of Employer Diversicare Management Services	Occupation Arkansas Cqi Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.90	

SUBTOTAL of Receipts This Page (optional)	▶	91.68
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Kathie Sullivan		Date of Receipt
	Mailing Address 2469 AR 115		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Smithville	AR	72466
	FEC ID number of contributing federal political committee. C		Transaction ID: AE73EB7CCBFFD4625BF1
Name of Employer Diversicare Management Services		Occupation Arkansas Cqi Director	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="631.46"/>	<input type="text" value="30.56"/>

B.	Full Name (Last, First, Middle Initial) Kathie Sullivan		Date of Receipt
	Mailing Address 2469 AR 115		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Smithville	AR	72466
	FEC ID number of contributing federal political committee. C		Transaction ID: ACB42EB69CECD4A03B73
Name of Employer Diversicare Management Services		Occupation Arkansas Cqi Director	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="662.02"/>	<input type="text" value="30.56"/>

C.	Full Name (Last, First, Middle Initial) Kathie Sullivan		Date of Receipt
	Mailing Address 2469 AR 115		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Smithville	AR	72466
	FEC ID number of contributing federal political committee. C		Transaction ID: A4CACBE72D5144798955
Name of Employer Diversicare Management Services		Occupation Arkansas Cqi Director	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="692.58"/>	<input type="text" value="30.56"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="91.68"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 240
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Kathie Sullivan

Mailing Address 2469 AR 115

City State Zip Code
Smithville AR 72466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 723.14

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: A2C8533F8FFB9437D933

Amount of Each Receipt this Period
30.56

B.

Full Name (Last, First, Middle Initial)
Kathie Sullivan

Mailing Address 2469 AR 115

City State Zip Code
Smithville AR 72466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 753.70

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: ABBA26659811749C1A47

Amount of Each Receipt this Period
30.56

C.

Full Name (Last, First, Middle Initial)
E Kim Tirronen

Mailing Address 16701 Richloam Lane

City State Zip Code
Spring Hill FL 34610-1657

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Advocat Rai Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 484.79

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: A934FA48FE60E4BFF9D4

Amount of Each Receipt this Period
38.43

SUBTOTAL of Receipts This Page (optional) ► **99.55**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 240
(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)
E Kim Tirronen

Mailing Address 16701 Richloam Lane

City State Zip Code
Spring Hill FL 34610-1657

FEC ID number of contributing federal political committee. **C**

Name of Employer: Advocat Occupation: Rai Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 523.22

Date of Receipt: MM / DD / YYYY
07 / 24 / 2009

Transaction ID: A018C39AB59734129B2D

Amount of Each Receipt this Period: 38.43

B.

Full Name (Last, First, Middle Initial)
E Kim Tirronen

Mailing Address 16701 Richloam Lane

City State Zip Code
Spring Hill FL 34610-1657

FEC ID number of contributing federal political committee. **C**

Name of Employer: Advocat Occupation: Rai Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 561.65

Date of Receipt: MM / DD / YYYY
08 / 07 / 2009

Transaction ID: A701BF62D6EE64FF5A08

Amount of Each Receipt this Period: 38.43

C.

Full Name (Last, First, Middle Initial)
E Kim Tirronen

Mailing Address 16701 Richloam Lane

City State Zip Code
Spring Hill FL 34610-1657

FEC ID number of contributing federal political committee. **C**

Name of Employer: Advocat Occupation: Rai Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.08

Date of Receipt: MM / DD / YYYY
08 / 21 / 2009

Transaction ID: A4089887FE17A41B2A1B

Amount of Each Receipt this Period: 38.43

SUBTOTAL of Receipts This Page (optional) ► **115.29**

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 199 / 240		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) E Kim Tirronen	Date of Receipt MM / DD / YYYY 09 / 04 / 2009
	Mailing Address 16701 Richloam Lane	Transaction ID: A12FB4B2DC0CF4AFB89A
	City State Zip Code Spring Hill FL 34610-1657	Amount of Each Receipt this Period 38.43
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Advocat Occupation: Rai Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 638.51	

B.	Full Name (Last, First, Middle Initial) E Kim Tirronen	Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address 16701 Richloam Lane	Transaction ID: AD2B61F87DDC941A2A8F
	City State Zip Code Spring Hill FL 34610-1657	Amount of Each Receipt this Period 38.43
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Advocat Occupation: Rai Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 676.94	

C.	Full Name (Last, First, Middle Initial) E Kim Tirronen	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 16701 Richloam Lane	Transaction ID: AA845E127693F4D1DA0C
	City State Zip Code Spring Hill FL 34610-1657	Amount of Each Receipt this Period 38.43
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Advocat Occupation: Rai Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 715.37	

SUBTOTAL of Receipts This Page (optional)	115.29
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 200 / 240
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
E Kim Tirronen
Mailing Address 16701 Richloam Lane
City Spring Hill State FL Zip Code 34610-1657
FEC ID number of contributing federal political committee. **C**
Name of Employer Advocat Occupation Rai Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 753.80
Date of Receipt 10 / 16 / 2009
Transaction ID: A908FD7B992C1420D870
Amount of Each Receipt this Period 38.43

B. Full Name (Last, First, Middle Initial)
E Kim Tirronen
Mailing Address 16701 Richloam Lane
City Spring Hill State FL Zip Code 34610-1657
FEC ID number of contributing federal political committee. **C**
Name of Employer Advocat Occupation Rai Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 792.23
Date of Receipt 10 / 30 / 2009
Transaction ID: A792AA9FEBC5F4CA7A03
Amount of Each Receipt this Period 38.43

C. Full Name (Last, First, Middle Initial)
E Kim Tirronen
Mailing Address 16701 Richloam Lane
City Spring Hill State FL Zip Code 34610-1657
FEC ID number of contributing federal political committee. **C**
Name of Employer Advocat Occupation Rai Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 830.66
Date of Receipt 11 / 13 / 2009
Transaction ID: A8D4AD78839904BFCAB4
Amount of Each Receipt this Period 38.43

SUBTOTAL of Receipts This Page (optional) ► 115.29
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 201 / 240
(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)
E Kim Tirronen

Mailing Address 16701 Richloam Lane

City State Zip Code
Spring Hill FL 34610-1657

FEC ID number of contributing federal political committee. **C**

Name of Employer: Advocat Occupation: Rai Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 869.09

Date of Receipt: 11 / 27 / 2009
Transaction ID: A4B4B4FAADCD842F3AD2

Amount of Each Receipt this Period: 38.43

B.

Full Name (Last, First, Middle Initial)
E Kim Tirronen

Mailing Address 16701 Richloam Lane

City State Zip Code
Spring Hill FL 34610-1657

FEC ID number of contributing federal political committee. **C**

Name of Employer: Advocat Occupation: Rai Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 907.52

Date of Receipt: 12 / 11 / 2009
Transaction ID: A2A95BEF42BB440798C7

Amount of Each Receipt this Period: 38.43

C.

Full Name (Last, First, Middle Initial)
E Kim Tirronen

Mailing Address 16701 Richloam Lane

City State Zip Code
Spring Hill FL 34610-1657

FEC ID number of contributing federal political committee. **C**

Name of Employer: Advocat Occupation: Rai Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 945.95

Date of Receipt: 12 / 24 / 2009
Transaction ID: AAB71AA6EA5B648DE8D2

Amount of Each Receipt this Period: 38.43

SUBTOTAL of Receipts This Page (optional) ► **115.29**

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 202 / 240
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mark Tschudy

Mailing Address 28219 Madelin Manor Lane

City State Zip Code
Spring TX 77386-3087

FEC ID number of contributing federal political committee. **C**

Name of Employer
Diversicare Leasing Corporation

Occupation
Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.81

Date of Receipt
MM / DD / YYYY
07 / 09 / 2009

Transaction ID: A91DC5F9C797240A3AF6

Amount of Each Receipt this Period
43.76

B.

Full Name (Last, First, Middle Initial)
Mark Tschudy

Mailing Address 28219 Madelin Manor Lane

City State Zip Code
Spring TX 77386-3087

FEC ID number of contributing federal political committee. **C**

Name of Employer
Diversicare Leasing Corporation

Occupation
Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
644.57

Date of Receipt
MM / DD / YYYY
07 / 23 / 2009

Transaction ID: A4548D3B8C21E4179868

Amount of Each Receipt this Period
43.76

C.

Full Name (Last, First, Middle Initial)
Mark Tschudy

Mailing Address 28219 Madelin Manor Lane

City State Zip Code
Spring TX 77386-3087

FEC ID number of contributing federal political committee. **C**

Name of Employer
Diversicare Leasing Corporation

Occupation
Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
688.33

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: AFA44FC12A257482283D

Amount of Each Receipt this Period
43.76

SUBTOTAL of Receipts This Page (optional) ► **131.28**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 240
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mark Tschudy

Mailing Address 28219 Madelin Manor Lane

City State Zip Code
Spring TX 77386-3087

FEC ID number of contributing federal political committee. **C**

Name of Employer
Diversicare Leasing Corporation

Occupation
Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
732.09

Date of Receipt
MM / DD / YYYY
08 / 20 / 2009

Transaction ID: AAFA22B85D0AC421A979

Amount of Each Receipt this Period
43.76

B.

Full Name (Last, First, Middle Initial)
Mark Tschudy

Mailing Address 28219 Madelin Manor Lane

City State Zip Code
Spring TX 77386-3087

FEC ID number of contributing federal political committee. **C**

Name of Employer
Diversicare Leasing Corporation

Occupation
Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
775.85

Date of Receipt
MM / DD / YYYY
09 / 03 / 2009

Transaction ID: AD2A46F2CA5B949F7845

Amount of Each Receipt this Period
43.76

C.

Full Name (Last, First, Middle Initial)
Mark Tschudy

Mailing Address 28219 Madelin Manor Lane

City State Zip Code
Spring TX 77386-3087

FEC ID number of contributing federal political committee. **C**

Name of Employer
Diversicare Leasing Corporation

Occupation
Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
819.61

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: AE677BEAB86AC438091D

Amount of Each Receipt this Period
43.76

SUBTOTAL of Receipts This Page (optional) ► **131.28**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 / 240		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
 Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
 Mark Tschudy

Mailing Address 28219 Madelin Manor Lane

City State Zip Code
 Spring TX 77386-3087

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 907.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 5 / 2 0 0 9

Transaction ID: A66AFEB02D743451089E

Amount of Each Receipt this Period
 43.76

B. Full Name (Last, First, Middle Initial)
 Mark Tschudy

Mailing Address 28219 Madelin Manor Lane

City State Zip Code
 Spring TX 77386-3087

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 907.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 5 / 2 0 0 9

Transaction ID: ABAEAD3520DEF4F1F8C1

Amount of Each Receipt this Period
 43.76

C. Full Name (Last, First, Middle Initial)
 Mark Tschudy

Mailing Address 28219 Madelin Manor Lane

City State Zip Code
 Spring TX 77386-3087

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.89

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 9

Transaction ID: A503409DB04C245C58D4

Amount of Each Receipt this Period
 43.76

SUBTOTAL of Receipts This Page (optional) ► **131.28**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mark Tschudy

Mailing Address 28219 Madelin Manor Lane

City State Zip Code
Spring TX 77386-3087

FEC ID number of contributing federal political committee. **C**

Name of Employer
Diversicare Leasing Corporation

Occupation
Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
994.65

Date of Receipt
MM / DD / YYYY
11 / 12 / 2009

Transaction ID: AB881E856AF84479F8C1

Amount of Each Receipt this Period
43.76

B.

Full Name (Last, First, Middle Initial)
Mark Tschudy

Mailing Address 28219 Madelin Manor Lane

City State Zip Code
Spring TX 77386-3087

FEC ID number of contributing federal political committee. **C**

Name of Employer
Diversicare Leasing Corporation

Occupation
Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1038.41

Date of Receipt
MM / DD / YYYY
11 / 25 / 2009

Transaction ID: A9752156DD6F74E5D976

Amount of Each Receipt this Period
43.76

C.

Full Name (Last, First, Middle Initial)
Mark Tschudy

Mailing Address 28219 Madelin Manor Lane

City State Zip Code
Spring TX 77386-3087

FEC ID number of contributing federal political committee. **C**

Name of Employer
Diversicare Leasing Corporation

Occupation
Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1082.17

Date of Receipt
MM / DD / YYYY
12 / 10 / 2009

Transaction ID: A2FB5408ED693431FBED

Amount of Each Receipt this Period
43.76

SUBTOTAL of Receipts This Page (optional) ► **131.28**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Mark Tschudy		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 28219 Madelin Manor Lane		Transaction ID: A980E71B331B14FD1BFB		
	City Spring	State TX	Zip Code 77386-3087	Amount of Each Receipt this Period 43.76	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1125.93			

B.	Full Name (Last, First, Middle Initial) Molly K. Walker		Date of Receipt MM / DD / YYYY 07 / 10 / 2009		
	Mailing Address 16 Buttercup Coved		Transaction ID: A90333A8AB874490D8E2		
	City Cabot	State AR	Zip Code 72023	Amount of Each Receipt this Period 26.92	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation Director, AR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 349.96			

C.	Full Name (Last, First, Middle Initial) Molly K. Walker		Date of Receipt MM / DD / YYYY 07 / 24 / 2009		
	Mailing Address 16 Buttercup Coved		Transaction ID: A023613502C784037B9A		
	City Cabot	State AR	Zip Code 72023	Amount of Each Receipt this Period 26.92	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation Director, AR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 376.88			

SUBTOTAL of Receipts This Page (optional)	▶	97.60
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Molly K. Walker

Mailing Address 16 Buttercup Coved

City Cabot State AR Zip Code 72023

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Director, AR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.80

Date of Receipt 08 / 07 / 2009
Transaction ID: A54B047F60FD14A0DB21
 Amount of Each Receipt this Period 26.92

B.

Full Name (Last, First, Middle Initial)
Molly K. Walker

Mailing Address 16 Buttercup Coved

City Cabot State AR Zip Code 72023

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Director, AR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.72

Date of Receipt 08 / 21 / 2009
Transaction ID: A89525DA6C3F845528E9
 Amount of Each Receipt this Period 26.92

C.

Full Name (Last, First, Middle Initial)
Molly K. Walker

Mailing Address 16 Buttercup Coved

City Cabot State AR Zip Code 72023

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Director, AR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 457.64

Date of Receipt 09 / 04 / 2009
Transaction ID: A22CBD8E3FF4A42B2B54
 Amount of Each Receipt this Period 26.92

SUBTOTAL of Receipts This Page (optional) ► **80.76**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 240
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Molly K. Walker		Date of Receipt MM / DD / YYYY 09 / 18 / 2009		
	Mailing Address 16 Buttercup Coved		Transaction ID: A6D9A99DCBC4340D3BDB		
	City Cabot	State AR	Zip Code 72023	Amount of Each Receipt this Period 26.92	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation Director, AR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 484.56			

B.	Full Name (Last, First, Middle Initial) Molly K. Walker		Date of Receipt MM / DD / YYYY 10 / 02 / 2009		
	Mailing Address 16 Buttercup Coved		Transaction ID: A3AF776AAF2B34292B50		
	City Cabot	State AR	Zip Code 72023	Amount of Each Receipt this Period 26.92	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation Director, AR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 511.48			

C.	Full Name (Last, First, Middle Initial) Molly K. Walker		Date of Receipt MM / DD / YYYY 10 / 16 / 2009		
	Mailing Address 16 Buttercup Coved		Transaction ID: A3EA556BC47A44EE7907		
	City Cabot	State AR	Zip Code 72023	Amount of Each Receipt this Period 26.92	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation Director, AR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 538.40			

SUBTOTAL of Receipts This Page (optional)	▶	80.76
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 240
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Molly K. Walker

Mailing Address 16 Buttercup Coved

City Cabot State AR Zip Code 72023

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Director, AR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 565.32

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 9

Transaction ID: A7E3D9C0EE70B48A4BBB

Amount of Each Receipt this Period
26.92

B.

Full Name (Last, First, Middle Initial)
Molly K. Walker

Mailing Address 16 Buttercup Coved

City Cabot State AR Zip Code 72023

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Director, AR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 592.24

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 3 / 2 0 0 9

Transaction ID: A8EA8861FFF5C4193954

Amount of Each Receipt this Period
26.92

C.

Full Name (Last, First, Middle Initial)
Molly K. Walker

Mailing Address 16 Buttercup Coved

City Cabot State AR Zip Code 72023

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Director, AR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 619.16

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 7 / 2 0 0 9

Transaction ID: AF4A5A04E7EE444DEB13

Amount of Each Receipt this Period
26.92

SUBTOTAL of Receipts This Page (optional) ► **80.76**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Molly K. Walker

Mailing Address 16 Buttercup Coved

City State Zip Code
Cabot AR 72023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Director, AR

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 646.08

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: A5B1A58B9ECE94F4FA14

Amount of Each Receipt this Period

26.92

B.

Full Name (Last, First, Middle Initial)
Molly K. Walker

Mailing Address 16 Buttercup Coved

City State Zip Code
Cabot AR 72023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services Director, AR

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 673.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: AB28E8AFD18C14F34841

Amount of Each Receipt this Period

26.92

C.

Full Name (Last, First, Middle Initial)
Roger J. Walls

Mailing Address 2209 Bel Aire Drive SW

City State Zip Code
Hartselle AL 35640-3844

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Management Services AI Reboc

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 358.30

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: A4BB496A675B64B579DE

Amount of Each Receipt this Period

28.40

SUBTOTAL of Receipts This Page (optional)

82.24

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 211 / 240
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Roger J. Walls	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 2209 Bel Aire Drive SW	Transaction ID: A696E226A776E49018A5
	City State Zip Code Hartselle AL 35640-3844	Amount of Each Receipt this Period 28.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: AI Reboc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 386.70	

B.	Full Name (Last, First, Middle Initial) Roger J. Walls	Date of Receipt MM / DD / YYYY 08 / 07 / 2009
	Mailing Address 2209 Bel Aire Drive SW	Transaction ID: A392F10300CAA43148A9
	City State Zip Code Hartselle AL 35640-3844	Amount of Each Receipt this Period 28.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: AI Reboc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 415.10	

C.	Full Name (Last, First, Middle Initial) Roger J. Walls	Date of Receipt MM / DD / YYYY 08 / 21 / 2009
	Mailing Address 2209 Bel Aire Drive SW	Transaction ID: AC93741A9D1804759870
	City State Zip Code Hartselle AL 35640-3844	Amount of Each Receipt this Period 28.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: AI Reboc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 443.50	

SUBTOTAL of Receipts This Page (optional)	85.20
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 / 240		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
 Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
 Roger J. Walls

Mailing Address 2209 Bel Aire Drive SW

City Hartselle State AL Zip Code 35640-3844

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation AI Reboc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 471.90

Date of Receipt 09 / 04 / 2009

Transaction ID: AD38032B50AA540F294C

Amount of Each Receipt this Period 28.40

B.

Full Name (Last, First, Middle Initial)
 Roger J. Walls

Mailing Address 2209 Bel Aire Drive SW

City Hartselle State AL Zip Code 35640-3844

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation AI Reboc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.30

Date of Receipt 09 / 18 / 2009

Transaction ID: AF8E28D1E13D642D1ACD

Amount of Each Receipt this Period 28.40

C.

Full Name (Last, First, Middle Initial)
 Roger J. Walls

Mailing Address 2209 Bel Aire Drive SW

City Hartselle State AL Zip Code 35640-3844

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation AI Reboc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 528.70

Date of Receipt 10 / 02 / 2009

Transaction ID: AD597347255F8471A8F3

Amount of Each Receipt this Period 28.40

SUBTOTAL of Receipts This Page (optional) ► 85.20

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Roger J. Walls	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 9
	Mailing Address 2209 Bel Aire Drive SW	Transaction ID: AFEE8C29275164DD8938
	City State Zip Code Hartselle AL 35640-3844	Amount of Each Receipt this Period 28.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: AI Reboc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 557.10	

B.	Full Name (Last, First, Middle Initial) Roger J. Walls	Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 9
	Mailing Address 2209 Bel Aire Drive SW	Transaction ID: AC5BAC450ECD246168A4
	City State Zip Code Hartselle AL 35640-3844	Amount of Each Receipt this Period 28.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: AI Reboc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 585.50	

C.	Full Name (Last, First, Middle Initial) Roger J. Walls	Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 9
	Mailing Address 2209 Bel Aire Drive SW	Transaction ID: A9F89689FE41B4CDAAE5
	City State Zip Code Hartselle AL 35640-3844	Amount of Each Receipt this Period 28.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: AI Reboc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 613.90	

SUBTOTAL of Receipts This Page (optional)	85.20
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 240
(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)
 Roger J. Walls
 Mailing Address 2209 Bel Aire Drive SW
 City State Zip Code
 Hartselle AL 35640-3844
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 9
Transaction ID: A297DCDB4CDD64E22AB9
 Amount of Each Receipt this Period
 28.40
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services AI ReboC
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 642.30

B. Full Name (Last, First, Middle Initial)
 Roger J. Walls
 Mailing Address 2209 Bel Aire Drive SW
 City State Zip Code
 Hartselle AL 35640-3844
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 1 1 / 2 0 0 9
Transaction ID: A62E4C9AC92BB4CD0946
 Amount of Each Receipt this Period
 28.40
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services AI ReboC
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 670.70

C. Full Name (Last, First, Middle Initial)
 Roger J. Walls
 Mailing Address 2209 Bel Aire Drive SW
 City State Zip Code
 Hartselle AL 35640-3844
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 2 4 / 2 0 0 9
Transaction ID: ADBF558270D6A41EDB08
 Amount of Each Receipt this Period
 28.40
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services AI ReboC
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 699.10

SUBTOTAL of Receipts This Page (optional) ► 85.20
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 240
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
 Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
 Matthew J. Weishaar
 Mailing Address 376 Sandcastle Road
 City State Zip Code
 Franklin TN 37069-7186
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 10 / 2009
Transaction ID: AA23F5FEFFE8249CDA33
 Amount of Each Receipt this Period
 54.55
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services VP Finance & Controller
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 709.15

B. Full Name (Last, First, Middle Initial)
 Matthew J. Weishaar
 Mailing Address 376 Sandcastle Road
 City State Zip Code
 Franklin TN 37069-7186
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 24 / 2009
Transaction ID: A70AC60EA27ED4F999DC
 Amount of Each Receipt this Period
 54.55
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services VP Finance & Controller
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 763.70

C. Full Name (Last, First, Middle Initial)
 Matthew J. Weishaar
 Mailing Address 376 Sandcastle Road
 City State Zip Code
 Franklin TN 37069-7186
 Date of Receipt
 M M / D D / Y Y Y Y
 08 / 07 / 2009
Transaction ID: AD39D2551DADB40FE87C
 Amount of Each Receipt this Period
 54.55
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services VP Finance & Controller
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 818.25

SUBTOTAL of Receipts This Page (optional) ► 163.65
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Matthew J. Weishaar

Mailing Address 376 Sandcastle Road

City Franklin State TN Zip Code 37069-7186

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP Finance & Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 872.80

Date of Receipt 08 / 21 / 2009

Transaction ID: A4850CFC1025D4BEEBA3

Amount of Each Receipt this Period 54.55

B.

Full Name (Last, First, Middle Initial)
Matthew J. Weishaar

Mailing Address 376 Sandcastle Road

City Franklin State TN Zip Code 37069-7186

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP Finance & Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 927.35

Date of Receipt 09 / 04 / 2009

Transaction ID: AAD296648DDEB43A299B

Amount of Each Receipt this Period 54.55

C.

Full Name (Last, First, Middle Initial)
Matthew J. Weishaar

Mailing Address 376 Sandcastle Road

City Franklin State TN Zip Code 37069-7186

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP Finance & Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 981.90

Date of Receipt 09 / 18 / 2009

Transaction ID: ABB42F98C532C462784D

Amount of Each Receipt this Period 54.55

SUBTOTAL of Receipts This Page (optional) ► **163.65**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Matthew J. Weishaar

Mailing Address 376 Sandcastle Road

City Franklin State TN Zip Code 37069-7186

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP Finance & Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1036.45

Date of Receipt 10 / 02 / 2009

Transaction ID: A24724CE8A1CD4E3B83F

Amount of Each Receipt this Period 54.55

B.

Full Name (Last, First, Middle Initial)
Matthew J. Weishaar

Mailing Address 376 Sandcastle Road

City Franklin State TN Zip Code 37069-7186

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP Finance & Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1091.00

Date of Receipt 10 / 16 / 2009

Transaction ID: AC51B6EE9B3FC4AFFAAC

Amount of Each Receipt this Period 54.55

C.

Full Name (Last, First, Middle Initial)
Matthew J. Weishaar

Mailing Address 376 Sandcastle Road

City Franklin State TN Zip Code 37069-7186

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP Finance & Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1145.55

Date of Receipt 10 / 30 / 2009

Transaction ID: AA7AF7D8329084B12948

Amount of Each Receipt this Period 54.55

SUBTOTAL of Receipts This Page (optional) ► **163.65**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Matthew J. Weishaar

Mailing Address 376 Sandcastle Road

City Franklin State TN Zip Code 37069-7186

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
Occupation: VP Finance & Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.10

Date of Receipt: 11 / 13 / 2009
Transaction ID: AA78BC6220FB74988A38

Amount of Each Receipt this Period: 54.55

B.

Full Name (Last, First, Middle Initial)
Matthew J. Weishaar

Mailing Address 376 Sandcastle Road

City Franklin State TN Zip Code 37069-7186

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
Occupation: VP Finance & Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1254.65

Date of Receipt: 11 / 27 / 2009
Transaction ID: A1DB5D556800B47DC858

Amount of Each Receipt this Period: 54.55

C.

Full Name (Last, First, Middle Initial)
Matthew J. Weishaar

Mailing Address 376 Sandcastle Road

City Franklin State TN Zip Code 37069-7186

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diversicare Management Services
Occupation: VP Finance & Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1309.20

Date of Receipt: 12 / 11 / 2009
Transaction ID: A37335DDFD567459C98C

Amount of Each Receipt this Period: 54.55

SUBTOTAL of Receipts This Page (optional) ► **163.65**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
 Matthew J. Weishaar

Mailing Address 376 Sandcastle Road

City Franklin State TN Zip Code 37069-7186

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation VP Finance & Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1363.75

Date of Receipt 12 / 24 / 2009

Transaction ID: A071001994E5644179E4

Amount of Each Receipt this Period 54.55

B. Full Name (Last, First, Middle Initial)
 Charles W. Wheeler

Mailing Address P O Box 201682

City Austin State TX Zip Code 78720-1682

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Texas Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 555.10

Date of Receipt 07 / 10 / 2009

Transaction ID: AD7AEFC2199754C8AAB6

Amount of Each Receipt this Period 44.00

C. Full Name (Last, First, Middle Initial)
 Charles W. Wheeler

Mailing Address P O Box 201682

City Austin State TX Zip Code 78720-1682

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Texas Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 599.10

Date of Receipt 07 / 24 / 2009

Transaction ID: A389CD4D777754B39857

Amount of Each Receipt this Period 44.00

SUBTOTAL of Receipts This Page (optional) ► 142.55

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 240
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Charles W. Wheeler

Mailing Address P O Box 201682

City Austin State TX Zip Code 78720-1682

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Texas Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 643.10

Date of Receipt 08 / 07 / 2009
Transaction ID: A141BF364A40046E190A

Amount of Each Receipt this Period 44.00

B. Full Name (Last, First, Middle Initial)
Charles W. Wheeler

Mailing Address P O Box 201682

City Austin State TX Zip Code 78720-1682

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Texas Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 687.10

Date of Receipt 08 / 21 / 2009
Transaction ID: AA2DC3A17B71F482C8CB

Amount of Each Receipt this Period 44.00

C. Full Name (Last, First, Middle Initial)
Charles W. Wheeler

Mailing Address P O Box 201682

City Austin State TX Zip Code 78720-1682

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Texas Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 731.10

Date of Receipt 09 / 04 / 2009
Transaction ID: A6D52C92CB5B34AA9ABE

Amount of Each Receipt this Period 44.00

SUBTOTAL of Receipts This Page (optional) ► 132.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Charles W. Wheeler

Mailing Address P O Box 201682

City Austin State TX Zip Code 78720-1682

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Texas Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 775.10

Date of Receipt 09 / 18 / 2009

Transaction ID: A6F754B643E574EDD9E1

Amount of Each Receipt this Period 44.00

B.

Full Name (Last, First, Middle Initial)
Charles W. Wheeler

Mailing Address P O Box 201682

City Austin State TX Zip Code 78720-1682

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Texas Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 819.10

Date of Receipt 10 / 02 / 2009

Transaction ID: AAEE22A19760D432FAD7

Amount of Each Receipt this Period 44.00

C.

Full Name (Last, First, Middle Initial)
Charles W. Wheeler

Mailing Address P O Box 201682

City Austin State TX Zip Code 78720-1682

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services Occupation Texas Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 863.10

Date of Receipt 10 / 16 / 2009

Transaction ID: A8899D378835544F19AC

Amount of Each Receipt this Period 44.00

SUBTOTAL of Receipts This Page (optional) ► **132.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial) Charles W. Wheeler		Date of Receipt
Mailing Address P O Box 201682		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
City	State	Zip Code
Austin	TX	78720-1682
FEC ID number of contributing federal political committee.		Transaction ID: A8942D863E346460FB9F
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text" value="44.00"/>
Name of Employer Diversicare Management Services	Occupation Texas Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="907.10"/>	

B.

Full Name (Last, First, Middle Initial) Charles W. Wheeler		Date of Receipt
Mailing Address P O Box 201682		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
City	State	Zip Code
Austin	TX	78720-1682
FEC ID number of contributing federal political committee.		Transaction ID: A00FE2D7A2074419A821
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text" value="44.00"/>
Name of Employer Diversicare Management Services	Occupation Texas Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="951.10"/>	

C.

Full Name (Last, First, Middle Initial) Charles W. Wheeler		Date of Receipt
Mailing Address P O Box 201682		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
City	State	Zip Code
Austin	TX	78720-1682
FEC ID number of contributing federal political committee.		Transaction ID: ADECB353C392B47E2AF7
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text" value="44.00"/>
Name of Employer Diversicare Management Services	Occupation Texas Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="995.10"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="132.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Chyra D. Worthington

Mailing Address 1723 Royal Oaks

City Malvern State AR Zip Code 72104-5752

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 366.32

Date of Receipt 07 / 02 / 2009
Transaction ID: A0139B54001F0405BA0A
Amount of Each Receipt this Period 28.85

B. Full Name (Last, First, Middle Initial)
Chyra D. Worthington

Mailing Address 1723 Royal Oaks

City Malvern State AR Zip Code 72104-5752

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 424.02

Date of Receipt 07 / 16 / 2009
Transaction ID: AA82E380003BC44FFA11
Amount of Each Receipt this Period 28.85

C. Full Name (Last, First, Middle Initial)
Chyra D. Worthington

Mailing Address 1723 Royal Oaks

City Malvern State AR Zip Code 72104-5752

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 424.02

Date of Receipt 07 / 16 / 2009
Transaction ID: A204EF113A6174D799F7
Amount of Each Receipt this Period 28.85

SUBTOTAL of Receipts This Page (optional) ► 86.55

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 / 240		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Chyra D. Worthington

Mailing Address 1723 Royal Oaks

City Malvern State AR Zip Code 72104-5752

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 452.87

Date of Receipt 08 / 13 / 2009

Transaction ID: AA02BE474F064470CB80

Amount of Each Receipt this Period 28.85

B.

Full Name (Last, First, Middle Initial)
Chyra D. Worthington

Mailing Address 1723 Royal Oaks

City Malvern State AR Zip Code 72104-5752

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 481.72

Date of Receipt 08 / 27 / 2009

Transaction ID: A20B4DC04608245398FB

Amount of Each Receipt this Period 28.85

C.

Full Name (Last, First, Middle Initial)
Chyra D. Worthington

Mailing Address 1723 Royal Oaks

City Malvern State AR Zip Code 72104-5752

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.57

Date of Receipt 09 / 10 / 2009

Transaction ID: A66F782AB89044ADCAF3

Amount of Each Receipt this Period 28.85

SUBTOTAL of Receipts This Page (optional) ► 86.55

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 240
(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)
Chyra D. Worthington
Mailing Address 1723 Royal Oaks
City Malvern State AR Zip Code 72104-5752
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 539.42
Date of Receipt 09 / 24 / 2009
Transaction ID: AD3F87AC8C64A4C4D8F0
Amount of Each Receipt this Period 28.85

B. Full Name (Last, First, Middle Initial)
Chyra D. Worthington
Mailing Address 1723 Royal Oaks
City Malvern State AR Zip Code 72104-5752
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 568.27
Date of Receipt 10 / 08 / 2009
Transaction ID: AF36168F657E0474A84A
Amount of Each Receipt this Period 28.85

C. Full Name (Last, First, Middle Initial)
Chyra D. Worthington
Mailing Address 1723 Royal Oaks
City Malvern State AR Zip Code 72104-5752
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 597.12
Date of Receipt 10 / 22 / 2009
Transaction ID: AAE8B3CC396E74AFDB56
Amount of Each Receipt this Period 28.85

SUBTOTAL of Receipts This Page (optional) ► 86.55
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Chyra D. Worthington

Mailing Address 1723 Royal Oaks

City Malvern State AR Zip Code 72104-5752

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.97

Date of Receipt 11 / 05 / 2009

Transaction ID: A4F18E0EDA66B4FAABEE

Amount of Each Receipt this Period 28.85

B.

Full Name (Last, First, Middle Initial)
Chyra D. Worthington

Mailing Address 1723 Royal Oaks

City Malvern State AR Zip Code 72104-5752

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 654.82

Date of Receipt 11 / 19 / 2009

Transaction ID: AFBE024577CD948698AE

Amount of Each Receipt this Period 28.85

C.

Full Name (Last, First, Middle Initial)
Chyra D. Worthington

Mailing Address 1723 Royal Oaks

City Malvern State AR Zip Code 72104-5752

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 683.67

Date of Receipt 12 / 03 / 2009

Transaction ID: AC39324D927774724A3C

Amount of Each Receipt this Period 28.85

SUBTOTAL of Receipts This Page (optional) ► **86.55**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 240
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Chyra D. Worthington

Mailing Address 1723 Royal Oaks

City Malvern State AR Zip Code 72104-5752

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 712.52

Date of Receipt 12 / 17 / 2009
Transaction ID: AD9AB0CBCD0B7421990B
 Amount of Each Receipt this Period 28.85

B. Full Name (Last, First, Middle Initial)
Samuel R. Wright II

Mailing Address 7863 Hwy 828

City Louisa State KY Zip Code 41230-5525

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 421.08

Date of Receipt 07 / 01 / 2009
Transaction ID: A4465B41F342F40978D9
 Amount of Each Receipt this Period 33.27

C. Full Name (Last, First, Middle Initial)
Samuel R. Wright II

Mailing Address 7863 Hwy 828

City Louisa State KY Zip Code 41230-5525

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 487.62

Date of Receipt 07 / 15 / 2009
Transaction ID: A2CE906398F2B437F9C6
 Amount of Each Receipt this Period 33.27

SUBTOTAL of Receipts This Page (optional) ► 95.39

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 228 / 240
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
 Samuel R. Wright II

Mailing Address 7863 Hwy 828

City Louisa State KY Zip Code 41230-5525

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 487.62

Date of Receipt 07 / 15 / 2009

Transaction ID: A781F9674A979403BAFE

Amount of Each Receipt this Period 33.27

B. Full Name (Last, First, Middle Initial)
 Samuel R. Wright II

Mailing Address 7863 Hwy 828

City Louisa State KY Zip Code 41230-5525

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.89

Date of Receipt 08 / 12 / 2009

Transaction ID: A4FBFBC225EF54E1EAC6

Amount of Each Receipt this Period 33.27

C. Full Name (Last, First, Middle Initial)
 Samuel R. Wright II

Mailing Address 7863 Hwy 828

City Louisa State KY Zip Code 41230-5525

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 554.16

Date of Receipt 08 / 26 / 2009

Transaction ID: AD2AD9DD105384205BE1

Amount of Each Receipt this Period 33.27

SUBTOTAL of Receipts This Page (optional) ► 99.81

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 / 240		
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Samuel R. Wright II

Mailing Address 7863 Hwy 828

City Louisa State KY Zip Code 41230-5525

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 587.43

Date of Receipt 09 / 09 / 2009

Transaction ID: ABE8B14A4577743418FA

Amount of Each Receipt this Period 33.27

B.

Full Name (Last, First, Middle Initial)
Samuel R. Wright II

Mailing Address 7863 Hwy 828

City Louisa State KY Zip Code 41230-5525

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 620.70

Date of Receipt 09 / 23 / 2009

Transaction ID: ABF3AB62D384E451DA7C

Amount of Each Receipt this Period 33.27

C.

Full Name (Last, First, Middle Initial)
Samuel R. Wright II

Mailing Address 7863 Hwy 828

City Louisa State KY Zip Code 41230-5525

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 653.97

Date of Receipt 10 / 07 / 2009

Transaction ID: A0BB5848F379C4142A6F

Amount of Each Receipt this Period 33.27

SUBTOTAL of Receipts This Page (optional) ► 99.81

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 240
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Samuel R. Wright II

Mailing Address 7863 Hwy 828

City State Zip Code
Louisa KY 41230-5525

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 687.24

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: AE312CF907FC84080A09

Amount of Each Receipt this Period
33.27

B.

Full Name (Last, First, Middle Initial)

Samuel R. Wright II

Mailing Address 7863 Hwy 828

City State Zip Code
Louisa KY 41230-5525

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 720.51

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 9

Transaction ID: AED32F3BAC28149CA8F2

Amount of Each Receipt this Period
33.27

C.

Full Name (Last, First, Middle Initial)

Samuel R. Wright II

Mailing Address 7863 Hwy 828

City State Zip Code
Louisa KY 41230-5525

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 753.78

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: A28487285B3494A628AE

Amount of Each Receipt this Period
33.27

SUBTOTAL of Receipts This Page (optional)

99.81

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 231 / 240
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial) Samuel R. Wright II		Date of Receipt MM / DD / YYYY 12 / 02 / 2009
Mailing Address 7863 Hwy 828		Transaction ID: A51782819F50441D8938
City Louisa	State KY	
Zip Code 41230-5525	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 33.27
Name of Employer Diversicare Leasing Corp	Occupation Admin Administrator-exemp	Aggregate Year-to-Date ▼ 787.05
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Samuel R. Wright II		Date of Receipt MM / DD / YYYY 12 / 16 / 2009
Mailing Address 7863 Hwy 828		Transaction ID: A2EED45F8B07347E08E7
City Louisa	State KY	
Zip Code 41230-5525	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 33.27
Name of Employer Diversicare Leasing Corp	Occupation Admin Administrator-exemp	Aggregate Year-to-Date ▼ 820.32
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	66.54
TOTAL This Period (last page this line number only)	▶	27460.37

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 240
(check only one)

<input 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 checked="" type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	----------------------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Udall for Colorado

Mailing Address PO Box 40158

City State Zip Code
Denver CO 80204-0158

FEC ID number of contributing federal political committee. **C** C00331439

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: A10069D87BE8F49CF968

Amount of Each Receipt this Period
1000.00

Refund

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

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)

PAGE 233 / 240

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial) Hon. Charlie Crist Mailing Address City State Zip Code Purpose of Disbursement FL - US Senate Candidate Name Hon. Charlie Crist Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9299B5DEA9684EC2923 Date of Disbursement 09 / 29 / 2009
	Amount of Each Disbursement this Period 1500.00	[MEMO ITEM]
	Category/ Type	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Hon. Charlie Crist Mailing Address City State Zip Code Purpose of Disbursement FL - US Senate Candidate Name Hon. Charlie Crist Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD6EB0F3BEDBC4A76A6B Date of Disbursement 09 / 29 / 2009
	Amount of Each Disbursement this Period 1500.00	[MEMO ITEM]
	Category/ Type	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Charlie Crist for U.S. Senate Mailing Address P.O. Box 1694 City State Zip Code Tallahassee FL 32302 Purpose of Disbursement FL - US Senate Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B62D3BD0827D94FF8A97 Date of Disbursement 09 / 29 / 2009
	Amount of Each Disbursement this Period 1500.00	[MEMO ITEM]
	Category/ Type	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 234 / 240

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Committee to Elect Chris Murphy</p> <p>Mailing Address PO Box 127</p> <p>City Cheshire State CT Zip Code 06410-0127</p> <p>Purpose of Disbursement CT - 5 US House</p> <p>Candidate Name Rep. Christopher S. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BCCA5CCC19E3C48069EB</p> <p>Date of Disbursement 10 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Crapo for U.S. Senate</p> <p>Mailing Address 128 N. Columbus St. Linda E. Daniel & Assoc., Inc.</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement ID - US Senate</p> <p>Candidate Name Sen. Mike Crapo</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD2348BD6866444498F0</p> <p>Date of Disbursement 08 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Enzi for U.S. Senate</p> <p>Mailing Address P.O. Box 2775</p> <p>City Cody State WY Zip Code 82414</p> <p>Purpose of Disbursement WY - US Senate</p> <p>Candidate Name Sen. Mike Enzi</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF462D2F820154880B17</p> <p>Date of Disbursement 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 235 / 240

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) ERIC PAC</p> <p>Mailing Address 209 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003-1107</p> <p>Purpose of Disbursement PAC to PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other 2009</p>	<p>Transaction ID: BBB900D65B34D489BA56</p> <p>Date of Disbursement 07 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Byron Dorgan</p> <p>Mailing Address P.O. Box 871</p> <p>City Bismark State ND Zip Code 58502</p> <p>Purpose of Disbursement 12/02/2009 Breakfast</p> <p>Candidate Name Sen. Byron L. Dorgan</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B75C94C63784D4770BFA</p> <p>Date of Disbursement 12 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Chris Dodd</p> <p>Mailing Address P.O. Box 270701</p> <p>City West Hartford State CT Zip Code 06127</p> <p>Purpose of Disbursement 11/03/09; CT US Senate</p> <p>Candidate Name Sen. Chris Dodd</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B6477B2D9CFF34D95B1F</p> <p>Date of Disbursement 11 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</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)

PAGE 236 / 240

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends of John Boehner <hr/> Mailing Address 100 E Broad St Ste 2330 <hr/> City Columbus State OH Zip Code 43215-3651 <hr/> Purpose of Disbursement OH - 8 US House <hr/> Candidate Name Rep. John Boehner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1A2B92AA9CE747DCBE7 Date of Disbursement 07 / 07 / 2009 <hr/> Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER <hr/> Mailing Address 426 C Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 11/10/09; NY US Senate <hr/> Candidate Name Sen. Charles E. Schumer <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA0263C3D0B1A4867B5D Date of Disbursement 11 / 10 / 2009 <hr/> Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Friends of Trey Grayson <hr/> Mailing Address P.O. Box 175726 <hr/> City Ft. Mitchell State KY Zip Code 41017 <hr/> Purpose of Disbursement KY - US Senate <hr/> Candidate Name Trey Grayson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD6E6198A8DD44391827 Date of Disbursement 09 / 18 / 2009 <hr/> Amount of Each Disbursement this Period 1500.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 237 / 240

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial) Hatch Election Committee <hr/> Mailing Address PO Box 1480 <hr/> City Washington State DC Zip Code 20013-1480 Purpose of Disbursement UT - US Senate Candidate Name Sen. Orrin G. Hatch Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE35C9CC51A124BFEB5D Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2009
	Amount of Each Disbursement this Period 1500.00
B. Full Name (Last, First, Middle Initial) Hoosiers for Hill <hr/> Mailing Address PO Box 1071 <hr/> City Seymour State IN Zip Code 47274-1071 Purpose of Disbursement IN - 9 US House Candidate Name Rep. Baron P. Hill Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAC6FEF46B8AE4DDDAFB Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2009
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) Kratovil for Congress <hr/> Mailing Address 499 South Capitol Street SW Suite 404 <hr/> City Washington State DC Zip Code 20003 Purpose of Disbursement 11/30/09 Event; MD-1 US House Candidate Name Rep. Frank Kratovil, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B30E6CA0A8B62429AA02 Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2009
	Amount of Each Disbursement this Period 1000.00

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

A. Full Name (Last, First, Middle Initial) McNerney for Congress <hr/> Mailing Address 6520 Village Pkwy <hr/> City Dublin State CA Zip Code 94568-3010 <hr/> Purpose of Disbursement CA- 11 US House Candidate Name Rep. Jerry McNerney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF3FB1925528847358CA Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) PAC to the Future <hr/> Mailing Address 607 14th Street, NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement PAC to PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B4A765B950FE74558A8D Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 9
	Amount of Each Disbursement this Period 3500.00
	Category/ Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Pat Roberts Victory Committee <hr/> Mailing Address 610 S. Boulevard <hr/> City Tampa State FL Zip Code 33606 <hr/> Purpose of Disbursement KS - US Senate Candidate Name Sen. Pat Roberts Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBEB4D0F65D334BE7BAB Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial) Portman for Senate Mailing Address P.O. Box 39 City Terrace Park State OH Zip Code 45174 Purpose of Disbursement 12/08/09 Event; US Senate Candidate Name Rob Portman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5FACD759871B474C889 Date of Disbursement 12 / 08 / 2009
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Senate Majority Fund Mailing Address 507 Capitol Ct NE Ste 100 City Washington State DC Zip Code 20002-7705 Purpose of Disbursement PAC to PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: BC285E3603E9E4AC4B41 Date of Disbursement 07 / 13 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Zach Space for Congress Committee Mailing Address 726 Sixteenth Street NE City Massillon State OH Zip Code 44646 Purpose of Disbursement OH - 18 US House Candidate Name Rep. Zachary T. Space Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B981E786C55D74EBCA57 Date of Disbursement 10 / 21 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

TOTAL This Period (last page this line number only) ▶

26500.00

**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

A.

Full Name (Last, First, Middle Initial)
North Dakota Democratic NPL

Mailing Address 1902 East Divide Avenue

City Bismarck State ND Zip Code 58501

Purpose of Disbursement
Pac to PAC

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Unknown0

Transaction ID: BD3AB828FDF464416873

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

TOTAL This Period (last page this line number only) ▶

2500.00