

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Advocat Inc. Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		4772.71
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	54.61									
(c) Total Receipts (from Line 19)	2636.52	49918.42								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2691.13	54691.13								
7. Total Disbursements (from Line 31)	2000.00	54000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	691.13	691.13								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Advocat Inc. Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2562.74	35872.76
(ii) Unitemized	73.78	14045.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2636.52	49918.42
(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)	2636.52	49918.42
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2636.52	49918.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2636.52	49918.42

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.....	2000.00	53000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2000.00	54000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	54000.00

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)	2636.52	49918.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2636.52	49918.42
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: (check only one)	PAGE 6 / 27
	<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)
 Barry C. Bell

Mailing Address 6107 Co Rd 122

City Pisgah State AL Zip Code 35765

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt 10 / 04 / 2010
Transaction ID: A2E2DFE52C5344F059B9

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 ▼ 591.10

Date of Receipt 10 / 04 / 2010
Transaction ID: ACB8F0AE35520409795F

Amount of Each Receipt this Period 29.72

C. Full Name (Last, First, Middle Initial)
 Belinda C. Boggess

Mailing Address PO Box 462

City Erin State TN Zip Code 37061-0462

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 ▼ 209.20

Date of Receipt 10 / 13 / 2010
Transaction ID: A382D922A92594731A20

Amount of Each Receipt this Period 26.15

SUBTOTAL of Receipts This Page (optional) ► 96.37

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 7 / 27
(check only one)

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

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

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

Mailing Address 1013 Steeplechase Drive

City State Zip Code
Brentwood TN 37027-7449

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Diversicare Management Services VP Financial Reporting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 957.65

Date of Receipt MM / DD / YYYY
10 / 04 / 2010

Transaction ID: A263814099AEA4AECBC0

Amount of Each Receipt this Period 50.00

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

Mailing Address 118 Harness Lane

City State Zip Code
Georgetown TX 78633-4881

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Diversicare Management Services Texas CQI Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.85

Date of Receipt MM / DD / YYYY
10 / 04 / 2010

Transaction ID: A71987A6976074FC9BC7

Amount of Each Receipt this Period 37.09

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

Mailing Address 11743 Northpointe Blvd #1125

City State Zip Code
Tomball TX 77377-5596

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Diversicare Management Services Texas Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.35

Date of Receipt MM / DD / YYYY
10 / 04 / 2010

Transaction ID: ABDD95277C02246DB818

Amount of Each Receipt this Period 46.15

SUBTOTAL of Receipts This Page (optional) 133.24

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: (check only one)	PAGE 8 / 27
	<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) Beverly Cox		Date of Receipt
	Mailing Address 1017 Riverchase Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Huntsville	AL	35803-2327
	FEC ID number of contributing federal political committee. C		Transaction ID: A0F9E9750F0A04DEBBB5
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"/> 28.97
		<input type="text"/> 231.18	

B.	Full Name (Last, First, Middle Initial) Kathi B. Duke		Date of Receipt
	Mailing Address 35 Barlow Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Equality	AL	36026-2765
	FEC ID number of contributing federal political committee. C		Transaction ID: ACDDD713AD7954F6E82C
Name of Employer Diversicare Management Services		Occupation Alabama 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"/> 37.47
		<input type="text"/> 337.23	

C.	Full Name (Last, First, Middle Initial) Deborah R. Farris		Date of Receipt
	Mailing Address 1206 Chilton		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 4 / 2 0 1 0
	City	State	Zip Code
	San Antonio	TX	78251
	FEC ID number of contributing federal political committee. C		Transaction ID: AB2AC58C0BF8F4CC7A91
Name of Employer Diversicare Management Services		Occupation Texas Mds Specialist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.76
		<input type="text"/> 507.60	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 92.20
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 27
	<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) Anne M. Freeman		Date of Receipt MM / DD / YYYY 10 / 04 / 2010		
	Mailing Address 25059 Us Hwy 80		Transaction ID: A2B188EC85A4E47DCACE		
	City Opelika	State AL	Zip Code 36804	Amount of Each Receipt this Period 25.76	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services	Occupation Al Mds Specialist	Aggregate Year-to-Date 384.06		

B.	Full Name (Last, First, Middle Initial) Kelly J. Gill		Date of Receipt MM / DD / YYYY 10 / 04 / 2010		
	Mailing Address 9480 Ashford Place		Transaction ID: A4D3765D979BB46938EC		
	City Brentwood	State TN	Zip Code 37027-8717	Amount of Each Receipt this Period 115.38	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services	Occupation Chief Operations Officer	Aggregate Year-to-Date 1269.18		

C.	Full Name (Last, First, Middle Initial) Barbara Gilmore		Date of Receipt MM / DD / YYYY 10 / 13 / 2010		
	Mailing Address 554 Stevenson Rd		Transaction ID: AE6507CD125964793A2B		
	City Gurdon	State AR	Zip Code 71743-8847	Amount of Each Receipt this Period 31.70	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Leasing Corporation	Occupation Admin Administrator-exemp	Aggregate Year-to-Date 253.60		

SUBTOTAL of Receipts This Page (optional)	172.84
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <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)
 Joyce D. Griffith

Mailing Address PO Box 62

City Grayson State KY Zip Code 41143-0062

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

Name of Employer: Diversicare Management Services
 Occupation: Kentucky Rebo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 10 / 04 / 2010
Transaction ID: AFA394460DF324050B76
 Amount of Each Receipt this Period: 50.00

B.

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

Mailing Address Po Box 123

City Delaplaine State AR Zip Code 72425-0123

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

Name of Employer: Diversicare Leasing Corp
 Occupation: Nursing RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 565.32

Date of Receipt: 10 / 13 / 2010
Transaction ID: AFC13B5AF874E473BBDB
 Amount of Each Receipt this Period: 26.92

C.

Full Name (Last, First, Middle Initial)
 Inga F. Handley

Mailing Address 6151 Us Highway 278 E

City Gadsden State AL Zip Code 35903-7001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 233.91

Date of Receipt: 10 / 04 / 2010
Transaction ID: A65B8913A59904B8FBEC
 Amount of Each Receipt this Period: 29.42

SUBTOTAL of Receipts This Page (optional) ► **106.34**

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 11 / 27
(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. Hassan

Mailing Address 1037 Leonard Street

City State Zip Code
Camden AR 71701

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 ▼ 649.22

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

Transaction ID: A0B0C208A82A146A69BC

Amount of Each Receipt this Period
35.31

B.

Full Name (Last, First, Middle Initial)
Angela S. Hepler

Mailing Address 3927 SE 14th Place

City State Zip Code
Oklahoma City OK 73115-2229

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 323.04

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

Transaction ID: ABF92B75B7991495BB3A

Amount of Each Receipt this Period
40.38

C.

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

Mailing Address 801 Brownstone Court

City State Zip Code
Nolensville TN 37135-9720

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

Name of Employer Occupation
Diversicare Management Services VP Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1328.20

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

Transaction ID: AF850EC4F46764FBAA00

Amount of Each Receipt this Period
66.41

SUBTOTAL of Receipts This Page (optional) ► **142.10**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 27
(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 ▼ 540.31

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

Transaction ID: A5241EF6F9B9541C2999

Amount of Each Receipt this Period
25.89

B.

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

Mailing Address 503 Northside Drive

City State Zip Code
Enterprise AL 36330-1132

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.16

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

Transaction ID: AE53392DF28344008A15

Amount of Each Receipt this Period
36.27

C.

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

Mailing Address 4527 Se Hwy 70

City State Zip Code
Arcadia FL 34266

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 598.08

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

Transaction ID: A0968343311EA42E0B5F

Amount of Each Receipt this Period
30.41

SUBTOTAL of Receipts This Page (optional) ► **92.57**

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 13 / 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) William D. Houghton		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
Mailing Address 440 Tinnan Avenue		Transaction ID: A88F8C94041D6457B9CD
City Franklin	State Zip Code TN 37067-2671	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
Name of Employer Diversicare Management Services	Occupation VP of IT Services	Aggregate Year-to-Date ▼ 1730.70
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Robin Jones		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
Mailing Address 4674 Riverbend Road		Transaction ID: A24F6864B399941F9A6A
City Trussville	State Zip Code AL 35173-3506	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.38
Name of Employer Diversicare Management Services	Occupation AI & Tn Rvp	Aggregate Year-to-Date ▼ 1223.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Rory L. Jones		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
Mailing Address 1515 Henderson Road		Transaction ID: AD5A79D0B91D54C77912
City Malvern	State Zip Code AR 72104-7950	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.84
Name of Employer Diversicare Management Services	Occupation Arkansas Maintenance	Aggregate Year-to-Date ▼ 257.80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	269.52
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 14 / 27
(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)
Thomas Killingsworth

Mailing Address 2667 Vista Del Arroyo

City San Angelo State TX Zip Code 76904-6212

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 ▼ 261.52

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

Transaction ID: A1ECA74FDC81C4B919A9

Amount of Each Receipt this Period
32.69

B.

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

Mailing Address 10880 Gallia Pike

City Wheelersburg State OH Zip Code 45694

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 ▼ 777.77

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

Transaction ID: A3D61458443054E9C91D

Amount of Each Receipt this Period
37.64

C.

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

Mailing Address 306 Cliftwood Loop

City Hot Springs State AR Zip Code 71901

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 ▼ 738.99

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

Transaction ID: A1565BA5042B64BABBD8

Amount of Each Receipt this Period
35.86

SUBTOTAL of Receipts This Page (optional) ► **106.19**

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 15 / 27
	<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) Lorey S. Lowe		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0		
	Mailing Address P O Box 1813		Transaction ID: A3E6E209EF0854008813		
	City Olive Hill	State KY	Zip Code 41164-1813	Amount of Each Receipt this Period 35.14	
	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 ▼ 699.69			

B.	Full Name (Last, First, Middle Initial) Jo L. Lutz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0		
	Mailing Address 609 Muirfield Road		Transaction ID: A4D98ED2C5B414249868		
	City Keller	State TX	Zip Code 76248-8283	Amount of Each Receipt this Period 31.38	
	FEC ID number of contributing federal political committee. C				
Name of Employer Diversicare Management Services		Occupation Texas Marketing Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1087.02			

C.	Full Name (Last, First, Middle Initial) Jimmie D. Manning		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0		
	Mailing Address 149 Riverwood Drive		Transaction ID: AFF3BFCD9CD3F470ABC4		
	City Franklin	State TN	Zip Code 37069	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 ▼ 1153.80			

SUBTOTAL of Receipts This Page (optional)	▶	124.21
TOTAL This Period (last page this line 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 / 27
(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 ▼ 1138.40

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

Transaction ID: AE23D0513F20742A7B64

Amount of Each Receipt this Period
56.92

B.

Full Name (Last, First, Middle Initial)
Robbie Martini

Mailing Address 2095 Jane Lane

City State Zip Code
Gadsden AL 35907-7228

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.28

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

Transaction ID: AE69B9D0A48AA4725823

Amount of Each Receipt this Period
35.66

C.

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

Mailing Address Po Box 476

City State Zip Code
Mammoth Spring AR 72554-0476

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 214.37

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

Transaction ID: AE0A76096DE75410AB91

Amount of Each Receipt this Period
10.40

SUBTOTAL of Receipts This Page (optional) ► **102.98**

TOTAL This Period (last page this line 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 / 27
	(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)
 Wanda C. Meade
 Mailing Address 3728 State Route 3
 City Catlettsburg State KY Zip Code 41129
 Date of Receipt 10 / 04 / 2010
Transaction ID: AA264A1FAAF4440F694D
 Amount of Each Receipt this Period 62.40
 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 ▼ 1224.00

B. Full Name (Last, First, Middle Initial)
 Jeffery A. Merry
 Mailing Address 1152 Rock Creek Dr
 City Garland State TX Zip Code 75040-6941
 Date of Receipt 10 / 04 / 2010
Transaction ID: ABA1F1606944F477D870
 Amount of Each Receipt this Period 36.13
 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 ▼ 718.99

C. Full Name (Last, First, Middle Initial)
 Kelli K. Montelongo
 Mailing Address 421 Big Timber Drive
 City Temple State TX Zip Code 76502
 Date of Receipt 10 / 04 / 2010
Transaction ID: A79C2C295A9F54BBC8E3
 Amount of Each Receipt this Period 25.21
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation Texas Reboc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.69

SUBTOTAL of Receipts This Page (optional) ► **123.74**

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 18 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

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

Mailing Address P O Box 275

City State Zip Code
 Norman AR 71960

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

Name of Employer Occupation
 Diversicare Management Services Arkansas Cqi Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 679.46

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

Transaction ID: A1F1D990A55CD4994970

Amount of Each Receipt this Period
 34.50

B.

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

Mailing Address 1045 Rayburn Street Apt 102

City State Zip Code
 Olive Hill KY 41164-6438

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 519.22

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

Transaction ID: A15976B5D873442778ED

Amount of Each Receipt this Period
 24.84

C.

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

Mailing Address 901 Camellia Road

City State Zip Code
 Oneonta AL 35121

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

Name of Employer Occupation
 Diversicare Management Services DMS Training Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 551.60

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

Transaction ID: A4E0FF9B9D7904EC2BCC

Amount of Each Receipt this Period
 27.58

SUBTOTAL of Receipts This Page (optional) ► **86.92**

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 19 / 27
(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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.56

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

Transaction ID: A78A468E13FB14927914

Amount of Each Receipt this Period
14.20

B. Full Name (Last, First, Middle Initial)
Lorri Pugh

Mailing Address 6500 Walden Run Circle #611

City State Zip Code
Huntsville AL 35806

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.64

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

Transaction ID: A48D18529BFD848C8B79

Amount of Each Receipt this Period
25.33

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

Mailing Address 7147 Riverfront Drive

City State Zip Code
Nashville TN 37221-6585

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

Name of Employer Occupation
Diversicare Management Services VP of Risk Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 901.20

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

Transaction ID: A2991C8A8FD974B1E890

Amount of Each Receipt this Period
45.06

SUBTOTAL of Receipts This Page (optional) ► **84.59**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 27
(check only one)

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

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

A.

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

Mailing Address 1203 Signature Court

City State Zip Code
Franklin TN 37064-9663

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

Name of Employer Occupation
Diversicare Management Services CFO,EVP, Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3846.00

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

Transaction ID: A11F5D6F27DDA4A308C9

Amount of Each Receipt this Period
192.30

B.

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

Mailing Address 805 Merritt Drive

City State Zip Code
Lockhart TX 78644

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
606.90

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

Transaction ID: A17E182F679554B40879

Amount of Each Receipt this Period
30.51

C.

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

Mailing Address P O Box 991

City State Zip Code
Cabot AR 72023-0991

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

Name of Employer Occupation
Diversicare Management Services Arkansas MDS Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.06

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

Transaction ID: A107B6C8192BA49F5924

Amount of Each Receipt this Period
13.33

SUBTOTAL of Receipts This Page (optional) ► **236.14**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 27
	<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) Susan E. Shires	Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 108 Clearlake Drive East	Transaction ID: A4C8962248A554A1D8F1
	City State Zip Code Nashville TN 37217-4604	Amount of Each Receipt this Period 36.27
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Director of Payroll & Tax Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 323.28	

B.	Full Name (Last, First, Middle Initial) Kenneth K. Smith	Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 4909 Walnut Hills Drive	Transaction ID: AFF03F316286B4F7F9F3
	City State Zip Code Louisville KY 40299	Amount of Each Receipt this Period 43.50
	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 ▼ 861.39	

C.	Full Name (Last, First, Middle Initial) Gary K. Snyder	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address PO Box 30	Transaction ID: A60F05BB858134DAF9BD
	City State Zip Code Martin TN 38237-0030	Amount of Each Receipt this Period 31.05
	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 ▼ 647.55	

SUBTOTAL of Receipts This Page (optional)	▶	110.82
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 22 / 27
	<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) Howard K. Stone		Date of Receipt
	Mailing Address 3055 Smith Springs Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Antioch	TN	37013-1021
	FEC ID number of contributing federal political committee. C		Transaction ID: AB0EDAEC864344CED86F
Name of Employer Diversicare Management Services		Occupation Director, Clinical Servic	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 ▼ 380.79	<input type="text"/> 42.31

B.	Full Name (Last, First, Middle Initial) Amenda M. Strippoli		Date of Receipt
	Mailing Address 300 Highland Ridge Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Wylie	TX	75098-5007
	FEC ID number of contributing federal political committee. C		Transaction ID: A5113F93D2D4F4C3B950
Name of Employer Diversicare Management Services		Occupation Texas Case Manager	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 ▼ 234.00	<input type="text"/> 26.00

C.	Full Name (Last, First, Middle Initial) Kathie Sullivan		Date of Receipt
	Mailing Address 2469 AR 115		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Smithville	AR	72466
	FEC ID number of contributing federal political committee. C		Transaction ID: ABD872A12AA5D43748A4
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 ▼ 615.80	<input type="text"/> 31.02

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 99.33
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <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) Perry W. Tidwell		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
Mailing Address PO Box 117 123 Green Street		Transaction ID: A33AC221F14774ACFAB0
City Delaplaine	State Zip Code AR 72425-0117	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.70
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 ▼ 252.96	

B.

Full Name (Last, First, Middle Initial) E Kim Tirronen		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
Mailing Address 16701 Richloam Lane		Transaction ID: A2B7B2294CF18474F9DF
City Spring Hill	State Zip Code FL 34610	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.98
Name of Employer Advocat	Occupation Rai Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 781.75	

C.

Full Name (Last, First, Middle Initial) James C. Tow		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
Mailing Address 5934 Spruce Forest Drive		Transaction ID: A8FAD233F6BE74564A9C
City Houston	State Zip Code TX 77092-2344	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Diversicare Management Services	Occupation Texas Marketing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	96.68
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: PAGE 24 / 27
(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)
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 Corpo- Admin Administrator-exemp
ration

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 883.90

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

Transaction ID: A285E121177AD42EA85F

Amount of Each Receipt this Period
44.63

B. Full Name (Last, First, Middle Initial)
Molly K. Walker

Mailing Address 16 Buttercup Coved

City State Zip Code
Cabot AR 72023

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

Name of Employer Occupation
Diversicare Management Se- Director, AR
rvices

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 538.40

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

Transaction ID: AC41EB318A6B741388AF

Amount of Each Receipt this Period
26.92

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

Mailing Address 811 Nance Ford Road, SW

City State Zip Code
Hartselle AL 35640-3707

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

Name of Employer Occupation
Diversicare Management Se- AI Reboc
rvices

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 343.65

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

Transaction ID: A9209BF3B17FA48F5BD2

Amount of Each Receipt this Period
28.97

SUBTOTAL of Receipts This Page (optional) ► 100.52

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: (check only one)	PAGE 25 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <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) Ken Watson		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	4		2	0	1	0													
Mailing Address 3118 Eagle Ridge Way		Transaction ID: A83E282AEFDD143758A3																				
City Houston	State TX		Zip Code 77084-5500																			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.26																				
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 ▼ 287.56																					

B.

Full Name (Last, First, Middle Initial) Matthew J. Weishaar		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	4		2	0	1	0													
Mailing Address 376 Sandcastle Road		Transaction ID: AE73B44B4C05143AAABF																				
City Franklin	State TN		Zip Code 37069-7186																			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 54.55																				
Name of Employer Diversicare Management Services	Occupation VP Finance & Controller																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1091.00																					

C.

Full Name (Last, First, Middle Initial) Elizabeth C. Wilson		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	4		2	0	1	0													
Mailing Address 219 N. Hamilton Street		Transaction ID: A5C29A2596F5D4B54ADE																				
City Georgetown	State KY		Zip Code 40324-1719																			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.30																				
Name of Employer Diversicare Management Services	Occupation Kentucky MDS Specialist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.90																					

SUBTOTAL of Receipts This Page (optional)	▶	121.11
TOTAL This Period (last page this line 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 / 27
(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 State Zip Code
Malvern AR 72104

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 ▼ 611.31

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

Transaction ID: AC39E222276864F2EA34

Amount of Each Receipt this Period
29.72

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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 706.63

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

Transaction ID: A45343E12DA9C45C1A64

Amount of Each Receipt this Period
34.61

SUBTOTAL of Receipts This Page (optional) ► **64.33**

TOTAL This Period (last page this line number only) ► **2562.74**

**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 27 / 27

<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)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
CA US House

Candidate Name
Rep. Allyson Y. Schwartz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 13

Transaction ID: B8D67E00C2D194F05882

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City State Zip Code
Los Angeles CA 90026

Purpose of Disbursement
CA US House

Candidate Name
Rep. Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 31

Transaction ID: B1FE63528DC5A4A309C9

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00