

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 01 01 2009 through 06 30 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 Council

Signature of Treasurer Electronically Filed by William Council Date 07 29 2009

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Advocat Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

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	7017.93									
(c) Total Receipts (from Line 19)	27412.58	27412.58								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34430.51	34430.51								
7. Total Disbursements (from Line 31)	30000.00	30000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4430.51	4430.51								
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

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)	17214.45	17214.45
(ii) Unitemized	10198.13	10198.13
(iii) TOTAL (add Lines 11(a)(i) and (ii)	27412.58	27412.58
(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)	27412.58	27412.58
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))	27412.58	27412.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27412.58	27412.58

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.....	30000.00	30000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	30000.00	30000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30000.00	30000.00

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)	27412.58	27412.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27412.58	27412.58
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 / 125
	(check only one)
<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"/>	<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)
Benita Adkins

Mailing Address P.O. Box 112

City State Zip Code
Sandy Hook KY 41171-0112

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 ▼ 228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	9

Transaction ID: A658435ACBD5246B2BB8

Amount of Each Receipt this Period

28.50

B.

Full Name (Last, First, Middle Initial)
Benita Adkins

Mailing Address P.O. Box 112

City State Zip Code
Sandy Hook KY 41171-0112

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 ▼ 256.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	7	/	2	0	0	9

Transaction ID: A994386DA627C4DCCA00

Amount of Each Receipt this Period

28.50

C.

Full Name (Last, First, Middle Initial)
Benita Adkins

Mailing Address P.O. Box 112

City State Zip Code
Sandy Hook KY 41171-0112

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 ▼ 285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	8	/	2	0	0	9

Transaction ID: A37C27A41A7BA41B39C0

Amount of Each Receipt this Period

28.50

SUBTOTAL of Receipts This Page (optional) ►

85.50

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 125
(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 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 ▼ 216.92

Date of Receipt 02 / 20 / 2009

Transaction ID: AD71BEDAC67DB46C7841

Amount of Each Receipt this Period 54.23

B.

Full Name (Last, First, Middle Initial)
David 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 ▼ 271.15

Date of Receipt 03 / 06 / 2009

Transaction ID: A72F99ABEA44E4FB69AC

Amount of Each Receipt this Period 54.23

C.

Full Name (Last, First, Middle Initial)
David 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 ▼ 325.38

Date of Receipt 03 / 20 / 2009

Transaction ID: AC4FA052CA5E24A9DA30

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: PAGE 8 / 125
(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 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 379.61

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: A84755816F12C45C7B16

Amount of Each Receipt this Period
54.23

B.

Full Name (Last, First, Middle Initial)
David 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 433.84

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: ADCE18B2030564B2FBA2

Amount of Each Receipt this Period
54.23

C.

Full Name (Last, First, Middle Initial)
David 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 488.07

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 9

Transaction ID: A00502088D45A4AA0836

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: PAGE 9 / 125
	(check only one)
<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"/>	<input type="checkbox"/> 16
<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)
David 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 ▼ 542.30

Date of Receipt 05 / 15 / 2009

Transaction ID: A596C1FCF101F4D6C821

Amount of Each Receipt this Period 54.23

B. Full Name (Last, First, Middle Initial)
David 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 ▼ 596.53

Date of Receipt 05 / 29 / 2009

Transaction ID: AAF10DC6E708C418CAB4

Amount of Each Receipt this Period 54.23

C. Full Name (Last, First, Middle Initial)
David 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 ▼ 650.76

Date of Receipt 06 / 12 / 2009

Transaction ID: A2815CF8EF8324D9A830

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: PAGE 10 / 125
(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 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 ▼ 704.99

Date of Receipt: 06 / 26 / 2009
Transaction ID: AF9CB473990234168AF3
Amount of Each Receipt this Period: 54.23

B. Full Name (Last, First, Middle Initial)
Barry 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 ▼ 233.64

Date of Receipt: 03 / 20 / 2009
Transaction ID: ABED1394A485A49729DD
Amount of Each Receipt this Period: 38.94

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

Mailing Address 2615 White Moon Dr

City Harker Heights State TX Zip Code 76548

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 ▼ 204.40

Date of Receipt: 04 / 02 / 2009
Transaction ID: A7366264F28954229962
Amount of Each Receipt this Period: 29.20

SUBTOTAL of Receipts This Page (optional) ► **122.37**

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 11 / 125
	(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)
Barry 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 ▼ 272.58

Date of Receipt 04 / 03 / 2009

Transaction ID: A2CF309DC4D1F417C819

Amount of Each Receipt this Period 38.94

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

Mailing Address 2615 White Moon Dr

City Harker Heights State TX Zip Code 76548

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 ▼ 233.60

Date of Receipt 04 / 16 / 2009

Transaction ID: A44BBBFF4E3EE4C5AB32

Amount of Each Receipt this Period 29.20

C. Full Name (Last, First, Middle Initial)
Barry 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 ▼ 311.52

Date of Receipt 04 / 17 / 2009

Transaction ID: AE63AA89EA75743AE9A9

Amount of Each Receipt this Period 38.94

SUBTOTAL of Receipts This Page (optional) ► **107.08**

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 / 125
(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

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) ▼ 262.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	9

Transaction ID: A5AF5C3EF0D4316924

Amount of Each Receipt this Period
29.20

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

Mailing Address 6107 Co Rd 122

City State Zip Code
Pisgah AL 35765

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

Name of Employer Occupation
Diversicare Management Se- AL/TN Executive Director
rvices

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	1	/	2	0	0	9

Transaction ID: A06F18EE91B584D53ADF

Amount of Each Receipt this Period
38.94

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

Mailing Address 2615 White Moon Dr

City State Zip Code
Harker Heights TX 76548

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) ▼ 292.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	9

Transaction ID: A4A601494891344F3A94

Amount of Each Receipt this Period
29.20

SUBTOTAL of Receipts This Page (optional) ► **97.34**

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 13 / 125
	<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 Bell		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address 6107 Co Rd 122		Transaction ID: A4D333096FD3545E89E5
City Pisgah	State AL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.94
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 ▼ 389.40	

B.

Full Name (Last, First, Middle Initial) Wendy Bell		Date of Receipt MM / DD / YYYY 05 / 28 / 2009
Mailing Address 2615 White Moon Dr		Transaction ID: ABEB12551401D488A845
City Harker Heights	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 29.20
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 ▼ 321.20	

C.

Full Name (Last, First, Middle Initial) Barry Bell		Date of Receipt MM / DD / YYYY 05 / 29 / 2009
Mailing Address 6107 Co Rd 122		Transaction ID: AF8236A5747E4418EA4E
City Pisgah	State AL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.94
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 ▼ 428.34	

SUBTOTAL of Receipts This Page (optional)	▶	107.08
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 / 125
(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)
Wendy Bell

Mailing Address 2615 White Moon Dr

City State Zip Code
Harker Heights TX 76548

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 ▼ 350.40

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: A69AA601060884011AD2

Amount of Each Receipt this Period
29.20

B.

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

Mailing Address 6107 Co Rd 122

City State Zip Code
Pisgah AL 35765

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 ▼ 468.84

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: A5636DD200CDA4E7EB98

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

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 ▼ 379.60

Date of Receipt
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: AF1D097AB6C5D41488A1

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 15 / 125
(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)
Barry Bell

Mailing Address 6107 Co Rd 122

City Pispah 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 ▼ 509.34

Date of Receipt: 06 / 26 / 2009
Transaction ID: A9D1F79709EFC4A33A3A
 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 ▼ 202.52

Date of Receipt: 04 / 02 / 2009
Transaction ID: AD4DDE59208F34128A15
 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 ▼ 231.37

Date of Receipt: 04 / 16 / 2009
Transaction ID: A5ADC8DA971694B23AC4
 Amount of Each Receipt this Period: 28.85

SUBTOTAL of Receipts This Page (optional) ► 98.77

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 / 125
(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 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 ▼ 260.79

Date of Receipt: 04 / 23 / 2009
Transaction ID: A40977CE47D494C5A9E1
 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 ▼ 290.21

Date of Receipt: 05 / 14 / 2009
Transaction ID: AB668A808FC1F433EBA6
 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 ▼ 319.63

Date of Receipt: 05 / 28 / 2009
Transaction ID: A5CC9B4078B0F4F4B9E3
 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 17 / 125 (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) Bobbie Bice Mailing Address 1310 Dove Ln <hr/> City State Zip Code Lockhart TX 78644-2459 <hr/> FEC ID number of contributing federal political committee. C	Date of Receipt MM / DD / YYYY 06 / 11 / 2009 <hr/> Transaction ID: AA1470D25AA0E4780B62 Amount of Each Receipt this Period 29.42
Name of Employer Diversicare Leasing Corporation Occupation Nursing Admin Don-exempt <hr/> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Aggregate Year-to-Date ▼ 349.05	

B. Full Name (Last, First, Middle Initial) Bobbie Bice Mailing Address 1310 Dove Ln <hr/> City State Zip Code Lockhart TX 78644-2459 <hr/> FEC ID number of contributing federal political committee. C	Date of Receipt MM / DD / YYYY 06 / 26 / 2009 <hr/> Transaction ID: ACCABDD94D86F4D73AD5 Amount of Each Receipt this Period 29.42
Name of Employer Diversicare Leasing Corporation Occupation Nursing Admin Don-exempt <hr/> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Aggregate Year-to-Date ▼ 378.47	

C. Full Name (Last, First, Middle Initial) Michael Bonner Mailing Address 4919 Darlington Drive <hr/> City State Zip Code Nashville TN 37211-5106 <hr/> FEC ID number of contributing federal political committee. C	Date of Receipt MM / DD / YYYY 03 / 06 / 2009 <hr/> Transaction ID: AEECB0BE005404517A59 Amount of Each Receipt this Period 41.54
Name of Employer Diversicare Management Services Occupation VP Financial Reporting <hr/> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Aggregate Year-to-Date ▼ 207.70	

SUBTOTAL of Receipts This Page (optional) ▶	100.38
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 18 / 125
(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 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 ▼ 249.24

Date of Receipt: 03 / 20 / 2009
Transaction ID: AD4295DDA3191463AB96
Amount of Each Receipt this Period: 41.54

B.

Full Name (Last, First, Middle Initial)
Michael 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 ▼ 290.78

Date of Receipt: 04 / 03 / 2009
Transaction ID: A5D02D9B6EDB74253ADA
Amount of Each Receipt this Period: 41.54

C.

Full Name (Last, First, Middle Initial)
Michael 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 ▼ 332.32

Date of Receipt: 04 / 17 / 2009
Transaction ID: A1526DC17736E4348896
Amount of Each Receipt this Period: 41.54

SUBTOTAL of Receipts This Page (optional) ► **124.62**

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 19 / 125

(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 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: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 373.86

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 9

Transaction ID: A0F3956D64EBE4A89AF3

Amount of Each Receipt this Period

41.54

B.

Full Name (Last, First, Middle Initial)
Michael 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: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 415.40

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: AD0AFE3DB376A4A31973

Amount of Each Receipt this Period

41.54

C.

Full Name (Last, First, Middle Initial)
Michael 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: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 456.94

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: A750D3456FBA04BF5B98

Amount of Each Receipt this Period

41.54

SUBTOTAL of Receipts This Page (optional)

124.62

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 20 / 125
(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 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 ▼ 503.09

Date of Receipt 06 / 12 / 2009

Transaction ID: A6B16682C32934B99873

Amount of Each Receipt this Period 46.15

B.

Full Name (Last, First, Middle Initial)
Michael 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 ▼ 549.24

Date of Receipt 06 / 26 / 2009

Transaction ID: AD1B6085C36B64EFAAFC

Amount of Each Receipt this Period 46.15

C.

Full Name (Last, First, Middle Initial)
Elizabeth 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 ▼ 211.33

Date of Receipt 04 / 09 / 2009

Transaction ID: A79162F0D2F624FB48DE

Amount of Each Receipt this Period 30.19

SUBTOTAL of Receipts This Page (optional) ► **122.49**

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 / 125
(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)
Elizabeth 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 241.52

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: A93517CBB19C2478BA61

Amount of Each Receipt this Period
30.19

B. Full Name (Last, First, Middle Initial)
Elizabeth 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 271.71

Date of Receipt
MM / DD / YYYY
05 / 07 / 2009

Transaction ID: A2D255F2F8CB3498F806

Amount of Each Receipt this Period
30.19

C. Full Name (Last, First, Middle Initial)
Elizabeth 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 303.10

Date of Receipt
MM / DD / YYYY
05 / 11 / 2009

Transaction ID: A7EC13CED687C4DF3BB7

Amount of Each Receipt this Period
31.39

SUBTOTAL of Receipts This Page (optional) ► 91.77

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 / 125						
	(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

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

A.	Full Name (Last, First, Middle Initial) Elizabeth Carroll		Date of Receipt	
	Mailing Address 3540 Calais Circle		M M / D D / Y Y Y Y Y 06 / 04 / 2009	
	City	State	Zip Code	Transaction ID: A594883DD07C64A52819
	Antioch	TN	37013-5518	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		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 ▼ 334.49		

B.	Full Name (Last, First, Middle Initial) Elizabeth Carroll		Date of Receipt	
	Mailing Address 3540 Calais Circle		M M / D D / Y Y Y Y Y 06 / 18 / 2009	
	City	State	Zip Code	Transaction ID: AA94D3BC83A18489BAF6
	Antioch	TN	37013-5518	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		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 ▼ 365.88		

C.	Full Name (Last, First, Middle Initial) Maryann Cook		Date of Receipt	
	Mailing Address 155 E Foster Court		M M / D D / Y Y Y Y Y 04 / 17 / 2009	
	City	State	Zip Code	Transaction ID: A7118342254394645A61
	Lecanto	FL	34461-8107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Diversicare Management Services		Occupation Florida Rvp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00		

SUBTOTAL of Receipts This Page (optional)	▶	87.78
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: PAGE 23 / 125
(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)
 Maryann 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 ▼ 225.00
 Date of Receipt 05 / 01 / 2009
Transaction ID: AB780B3163A74489FA5B
 Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
 Maryann 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 ▼ 250.00
 Date of Receipt 05 / 15 / 2009
Transaction ID: A41E863720F0C4FC68E8
 Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
 Maryann 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 ▼ 275.00
 Date of Receipt 05 / 29 / 2009
Transaction ID: AE17BD69F2BE34E7F9C1
 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 24 / 125
(check only one)

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

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

A.

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

Mailing Address 155 E Foster 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 ▼ 300.00

Date of Receipt 06 / 12 / 2009
Transaction ID: ABC928AEDDF304B1D8E4
 Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
Maryann 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 06 / 26 / 2009
Transaction ID: A6BA7CB1977D340D48FE
 Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
William 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 ▼ 384.60

Date of Receipt 01 / 23 / 2009
Transaction ID: A920AE53FCCA6461E96D
 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: PAGE 25 / 125
(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)
William 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 Occupation
Diversicare Management Services CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: A92326E5F8DCC493BA90

Amount of Each Receipt this Period
192.30

B. Full Name (Last, First, Middle Initial)
William 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 Occupation
Diversicare Management Services CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: A25E63D13A30A4CB7961

Amount of Each Receipt this Period
192.30

C. Full Name (Last, First, Middle Initial)
William 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 Occupation
Diversicare Management Services CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: A641E46AA83574E1988D

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 26 / 125
(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 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 ▼
1153.80

Date of Receipt: MM / DD / YYYY
03 / 20 / 2009

Transaction ID: A10D0A95CD6714E5E813

Amount of Each Receipt this Period
192.30

B.

Full Name (Last, First, Middle Initial)
William 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 ▼
1346.10

Date of Receipt: MM / DD / YYYY
04 / 03 / 2009

Transaction ID: A649ACAB09E974410B62

Amount of Each Receipt this Period
192.30

C.

Full Name (Last, First, Middle Initial)
William 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 ▼
1538.40

Date of Receipt: MM / DD / YYYY
04 / 17 / 2009

Transaction ID: A94BC0D4E34B94C4D863

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 27 / 125
(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 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 Occupation
Diversicare Management Services CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.70

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: A994699252EA14721B5F

Amount of Each Receipt this Period
192.30

B.

Full Name (Last, First, Middle Initial)
William 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 Occupation
Diversicare Management Services CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1923.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: A16DD8B45F58F45D596B

Amount of Each Receipt this Period
192.30

C.

Full Name (Last, First, Middle Initial)
William 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 Occupation
Diversicare Management Services CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2115.30

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: A53C61F049D4F4B38873

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 28 / 125
(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 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 Occupation
Diversicare Management Services CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.60

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: AFE0D014B82F847C188D

Amount of Each Receipt this Period
192.30

B.

Full Name (Last, First, Middle Initial)
William 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 Occupation
Diversicare Management Services CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2499.90

Date of Receipt
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: A825BF54744834C988AA

Amount of Each Receipt this Period
192.30

C.

Full Name (Last, First, Middle Initial)
John 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 ▼
223.86

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: AED5C04109ACA494187D

Amount of Each Receipt this Period
37.31

SUBTOTAL of Receipts This Page (optional) ► **421.91**

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 29 / 125
(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 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 261.17

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: AC838770909F84ABC829

Amount of Each Receipt this Period
37.31

B.

Full Name (Last, First, Middle Initial)
John 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 298.48

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: AAFD4F100AA424564848

Amount of Each Receipt this Period
37.31

C.

Full Name (Last, First, Middle Initial)
John 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 335.79

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: A013226B9F1AB432F97D

Amount of Each Receipt this Period
37.31

SUBTOTAL of Receipts This Page (optional) ► **111.93**

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 30 / 125
(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 Dugan		Date of Receipt MM / DD / YYYY 05 / 14 / 2009
Mailing Address 1206 Lochness Ln		Transaction ID: AD5E5DB0F212347CC829
City Garland	State Zip Code TX 75044-3426	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.31
Name of Employer Diversicare Leasing Corporation	Occupation Admin Administrator-exemp	Aggregate Year-to-Date ▼ 373.10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) John Dugan		Date of Receipt MM / DD / YYYY 05 / 28 / 2009
Mailing Address 1206 Lochness Ln		Transaction ID: AFBB84EE5DC7C4C00ACE
City Garland	State Zip Code TX 75044-3426	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.31
Name of Employer Diversicare Leasing Corporation	Occupation Admin Administrator-exemp	Aggregate Year-to-Date ▼ 410.41
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) John Dugan		Date of Receipt MM / DD / YYYY 06 / 11 / 2009
Mailing Address 1206 Lochness Ln		Transaction ID: A92356123D4384A13ABA
City Garland	State Zip Code TX 75044-3426	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.06
Name of Employer Diversicare Leasing Corporation	Occupation Admin Administrator-exemp	Aggregate Year-to-Date ▼ 448.47
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	112.68
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 31 / 125
(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)
John 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 Corpo- Admin Administrator-exemp
ration

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 486.53

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

Transaction ID: A98B011DB3B8C4FA7B7C

Amount of Each Receipt this Period
88.06

B.

Full Name (Last, First, Middle Initial)
Deborah 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 Se- Texas Mds Specialist
rvices

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: ACEBB7A81BC2D454FACC

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Deborah 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 Se- Texas Mds Specialist
rvices

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 9

Transaction ID: A0E539569B1EB4F49AD8

Amount of Each Receipt this Period
25.00

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 32 / 125
(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 Farris
 Mailing Address 1206 Chilton
 City San Antonio State TX Zip Code 78251-2966
 Date of Receipt 05 / 15 / 2009
Transaction ID: A72B3503F0F204E0F99E
 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 250.00

B. Full Name (Last, First, Middle Initial)
 Deborah Farris
 Mailing Address 1206 Chilton
 City San Antonio State TX Zip Code 78251-2966
 Date of Receipt 05 / 29 / 2009
Transaction ID: A1E6965A609624FAE909
 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 275.00

C. Full Name (Last, First, Middle Initial)
 Deborah Farris
 Mailing Address 1206 Chilton
 City San Antonio State TX Zip Code 78251-2966
 Date of Receipt 06 / 12 / 2009
Transaction ID: A239432E7D6AA4624868
 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 300.00

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 33 / 125
	<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 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 ▼ 325.00

Date of Receipt 06 / 26 / 2009

Transaction ID: AAF330458DFC9429AB04

Amount of Each Receipt this Period 25.00

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

Mailing Address 210 Pine Meadows Loop

City Hot Springs Nation State AR Zip Code 71901-8227

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 ▼ 204.64

Date of Receipt 04 / 23 / 2009

Transaction ID: A0A18B4B6F93643F1B87

Amount of Each Receipt this Period 25.58

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

Mailing Address 210 Pine Meadows Loop

City Hot Springs Nation State AR Zip Code 71901-8227

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 ▼ 230.22

Date of Receipt 05 / 07 / 2009

Transaction ID: A5D7146D98FDA45B8B24

Amount of Each Receipt this Period 25.58

SUBTOTAL of Receipts This Page (optional) ► 76.16

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 / 125
	<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)
 Jennie Goss

Mailing Address 210 Pine Meadows Loop

City State Zip Code
 Hot Springs Nation AR 71901-8227

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) ▼ 257.14

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 9

Transaction ID: A260B326A1FB24AEE8BA

Amount of Each Receipt this Period
 26.92

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

Mailing Address 210 Pine Meadows Loop

City State Zip Code
 Hot Springs Nation AR 71901-8227

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) ▼ 284.06

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 4 / 2 0 0 9

Transaction ID: A6033F77AFE394EC9A8D

Amount of Each Receipt this Period
 26.92

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

Mailing Address 210 Pine Meadows Loop

City State Zip Code
 Hot Springs Nation AR 71901-8227

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) ▼ 310.98

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 8 / 2 0 0 9

Transaction ID: A45B0FBB8896E4647AA8

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 35 / 125

(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)
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 ▼ 224.64

Date of Receipt MM / DD / YYYY
05 / 01 / 2009

Transaction ID: A2159AE1D0C454B9EBC2

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 ▼ 249.60

Date of Receipt MM / DD / YYYY
05 / 15 / 2009

Transaction ID: A39FECDC8A5FC4D4389D

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 ▼ 274.56

Date of Receipt MM / DD / YYYY
05 / 29 / 2009

Transaction ID: AA3B98C9FF0D649CC83F

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 36 / 125
(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 ▼
299.52

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: A56E16E4493A041C9BBB

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 ▼
324.48

Date of Receipt
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: A279D660FB75B49D1891

Amount of Each Receipt this Period
24.96

C.

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

Mailing Address Po Box 123

City State Zip Code
Delaplaine AR 72425-0123

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.64

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: A4B329B1DFCF440CD874

Amount of Each Receipt this Period
25.58

SUBTOTAL of Receipts This Page (optional) ► **75.50**

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 37 / 125
(check only one)

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

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

A.

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

Mailing Address Po Box 123

City State Zip Code
Delaplaine AR 72425-0123

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 231.56

Date of Receipt
MM / DD / YYYY
05 / 07 / 2009

Transaction ID: A2FDB3D10E77F47CBB46

Amount of Each Receipt this Period
26.92

B.

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

Mailing Address Po Box 123

City State Zip Code
Delaplaine AR 72425-0123

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 258.48

Date of Receipt
MM / DD / YYYY
05 / 11 / 2009

Transaction ID: A8BDA6B560D394A0087F

Amount of Each Receipt this Period
26.92

C.

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

Mailing Address Po Box 123

City State Zip Code
Delaplaine AR 72425-0123

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 285.40

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: AD6C82502D7534F9AB61

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 38 / 125
(check only one)

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

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

A.

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

Mailing Address Po Box 123

City State Zip Code
Delaplaine AR 72425-0123

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 312.32

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: A4B84959D854B495AA15

Amount of Each Receipt this Period
26.92

B.

Full Name (Last, First, Middle Initial)
Edward 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) ▼ 221.55

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: A2395177F59DB45049E7

Amount of Each Receipt this Period
31.65

C.

Full Name (Last, First, Middle Initial)
Edward 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) ▼ 253.20

Date of Receipt
MM / DD / YYYY
04 / 17 / 2009

Transaction ID: A1661B127A4184748A8A

Amount of Each Receipt this Period
31.65

SUBTOTAL of Receipts This Page (optional) ► **90.22**

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 / 125
(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)
Edward Heenan

Mailing Address 2005 Boxwood Drive

City Franklin State TN Zip Code 37069-6908

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

Name of Employer: Diversicare Management Services
Occupation: Training & Education Dire

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 284.85

Date of Receipt: 05 / 01 / 2009
Transaction ID: AC30D75F11E9B42659A6
 Amount of Each Receipt this Period: 31.65

B.

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

Mailing Address 2005 Boxwood Drive

City Franklin State TN Zip Code 37069-6908

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

Name of Employer: Diversicare Management Services
Occupation: Training & Education Dire

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 316.50

Date of Receipt: 05 / 15 / 2009
Transaction ID: AF64455A202974926933
 Amount of Each Receipt this Period: 31.65

C.

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

Mailing Address 2005 Boxwood Drive

City Franklin State TN Zip Code 37069-6908

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

Name of Employer: Diversicare Management Services
Occupation: Training & Education Dire

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 348.15

Date of Receipt: 05 / 29 / 2009
Transaction ID: AAEEB76FC93749DD8D8
 Amount of Each Receipt this Period: 31.65

SUBTOTAL of Receipts This Page (optional) ► 94.95

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 40 / 125
(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)
Edward Heenan
 Mailing Address 2005 Boxwood Drive
 City Franklin State TN Zip Code 37069-6908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation Training & Education Dire
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.75
 Date of Receipt 06 / 12 / 2009
Transaction ID: A64B949BF90F0496BA28
 Amount of Each Receipt this Period 32.60

B. Full Name (Last, First, Middle Initial)
Edward Heenan
 Mailing Address 2005 Boxwood Drive
 City Franklin State TN Zip Code 37069-6908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation Training & Education Dire
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 413.35
 Date of Receipt 06 / 26 / 2009
Transaction ID: A8FDC226CE27B4786B9D
 Amount of Each Receipt this Period 32.60

C. Full Name (Last, First, Middle Initial)
David 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 ▼ 265.64
 Date of Receipt 02 / 20 / 2009
Transaction ID: A2C6D9E7B81B0485884A
 Amount of Each Receipt this Period 66.41

SUBTOTAL of Receipts This Page (optional) ► **131.61**
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: PAGE 41 / 125
(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 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 ▼ 332.05

Date of Receipt 03 / 06 / 2009

Transaction ID: ABDD7EDF1CC404920899

Amount of Each Receipt this Period 66.41

B.

Full Name (Last, First, Middle Initial)
David 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 ▼ 398.46

Date of Receipt 03 / 20 / 2009

Transaction ID: AAC2D4F0DBF1A42C59C9

Amount of Each Receipt this Period 66.41

C.

Full Name (Last, First, Middle Initial)
David 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 ▼ 464.87

Date of Receipt 04 / 03 / 2009

Transaction ID: AE06CED5EC2E54136A63

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 42 / 125
(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 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 ▼ 531.28
 Date of Receipt 04 / 17 / 2009
Transaction ID: AC6DE10C167BB47ACAED
 Amount of Each Receipt this Period 66.41

B. Full Name (Last, First, Middle Initial)
David 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 ▼ 597.69
 Date of Receipt 05 / 01 / 2009
Transaction ID: AECE5CB16895B44FBB3C
 Amount of Each Receipt this Period 66.41

C. Full Name (Last, First, Middle Initial)
David 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 ▼ 664.10
 Date of Receipt 05 / 15 / 2009
Transaction ID: AF2FDB389A645423597F
 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 43 / 125
(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 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 ▼ 730.51

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: AE7057BA2BD7D4D12A5B

Amount of Each Receipt this Period
66.41

B.

Full Name (Last, First, Middle Initial)
David 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 ▼ 796.92

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: A4D71CA9C5F414763BDC

Amount of Each Receipt this Period
66.41

C.

Full Name (Last, First, Middle Initial)
David 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
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: AAC179A12B3924339BF5

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 44 / 125
	(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) Danielle Higdon		Date of Receipt MM / DD / YYYY 04 / 23 / 2009		
	Mailing Address 377 Hutchens Rd		Transaction ID: ABB861CCD193348FEA50		
	City Martin	State TN	Zip Code 38237-5377	Amount of Each Receipt this Period 25.14	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Leasing Corp	Occupation Nursing Admin Don-exempt			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.12			

B.	Full Name (Last, First, Middle Initial) Danielle Higdon		Date of Receipt MM / DD / YYYY 05 / 07 / 2009		
	Mailing Address 377 Hutchens Rd		Transaction ID: A6E993F12DC7040B0A96		
	City Martin	State TN	Zip Code 38237-5377	Amount of Each Receipt this Period 25.14	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Leasing Corp	Occupation Nursing Admin Don-exempt			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 226.26			

C.	Full Name (Last, First, Middle Initial) Danielle Higdon		Date of Receipt MM / DD / YYYY 05 / 11 / 2009		
	Mailing Address 377 Hutchens Rd		Transaction ID: A6BA18F31569D4237A55		
	City Martin	State TN	Zip Code 38237-5377	Amount of Each Receipt this Period 25.63	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Leasing Corp	Occupation Nursing Admin Don-exempt			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 251.89			

SUBTOTAL of Receipts This Page (optional)	75.91
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: (check only one)	PAGE 45 / 125
	<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)
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 ▼ 277.52

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: ABCAE01D39BF14180AAE

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 ▼ 303.15

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: AAD0678C5E0984D1A812

Amount of Each Receipt this Period
25.63

C.

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

Mailing Address 4527 Se Hwy 70

City State Zip Code
Arcadia FL 34266-7787

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 ▼ 227.02

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: AD19647A1B67C49B9A63

Amount of Each Receipt this Period
28.66

SUBTOTAL of Receipts This Page (optional) ► 79.92

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 46 / 125
(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 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 ▼ 256.54

Date of Receipt: 04 / 23 / 2009
Transaction ID: A78A79CF0A0F64356944
Amount of Each Receipt this Period: 29.52

B.

Full Name (Last, First, Middle Initial)
Janice 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 ▼ 286.06

Date of Receipt: 05 / 14 / 2009
Transaction ID: A5E4DE5DFF1224C8FA89
Amount of Each Receipt this Period: 29.52

C.

Full Name (Last, First, Middle Initial)
Janice 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 ▼ 315.58

Date of Receipt: 05 / 28 / 2009
Transaction ID: AA2F9AEA9DD23418199D
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 47 / 125
	<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)
Janice 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 ▼ 345.10

Date of Receipt: 06 / 11 / 2009
Transaction ID: AED1ED99C9E894528B5C
Amount of Each Receipt this Period: 29.52

B.

Full Name (Last, First, Middle Initial)
Janice 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 ▼ 374.62

Date of Receipt: 06 / 26 / 2009
Transaction ID: A272C53DF4FCC4FAF867
Amount of Each Receipt this Period: 29.52

C.

Full Name (Last, First, Middle Initial)
Karen Johnson

Mailing Address 6437 Wexley Lane

City The Colony State TX Zip Code 75056-7121

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

Name of Employer: Diversicare Management Services
Occupation: Texas Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt: 02 / 20 / 2009
Transaction ID: A49F8F439FCA74659944
Amount of Each Receipt this Period: 57.69

SUBTOTAL of Receipts This Page (optional) ► **116.73**

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 48 / 125
	(check only one)
<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"/>	<input type="checkbox"/> 16
<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) Karen Johnson	Date of Receipt MM / DD / YYYY 03 / 06 / 2009
	Mailing Address 6437 Wexley Lane	Transaction ID: AEF65411BF7EC45EBA2A
	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 ▼ 288.45	

B.	Full Name (Last, First, Middle Initial) Karen Johnson	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 6437 Wexley Lane	Transaction ID: A24B228F5E8144CD4AF1
	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 ▼ 346.14	

C.	Full Name (Last, First, Middle Initial) Karen Johnson	Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 6437 Wexley Lane	Transaction ID: AC17EABD7C05347B5BEE
	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 ▼ 403.83	

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 49 / 125

(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)
Karen 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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 461.52

Date of Receipt

M M / D D / Y Y Y Y
04 / 17 / 2009

Transaction ID: A388D4226B3A14BE6879

Amount of Each Receipt this Period

57.69

B.

Full Name (Last, First, Middle Initial)
Karen 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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 519.21

Date of Receipt

M M / D D / Y Y Y Y
05 / 01 / 2009

Transaction ID: A6FB5F14E5EE24CD2B20

Amount of Each Receipt this Period

57.69

C.

Full Name (Last, First, Middle Initial)
Karen 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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 576.90

Date of Receipt

M M / D D / Y Y Y Y
05 / 15 / 2009

Transaction ID: A18A2CD8E4C5445BDB72

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 50 / 125
(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)
 Karen Johnson
 Mailing Address 6437 Wexley Lane
 City State Zip Code
 The Colony TX 75056-7121
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 9 / 2 0 0 9
Transaction ID: ADD4862806D3C448F94A
 Amount of Each Receipt this Period
 57.69
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services Texas Rvp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 634.59

B. Full Name (Last, First, Middle Initial)
 Karen Johnson
 Mailing Address 6437 Wexley Lane
 City State Zip Code
 The Colony TX 75056-7121
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 9
Transaction ID: A2BD105467E9D4E54819
 Amount of Each Receipt this Period
 57.69
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services Texas Rvp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 692.28

C. Full Name (Last, First, Middle Initial)
 Karen Johnson
 Mailing Address 6437 Wexley Lane
 City State Zip Code
 The Colony TX 75056-7121
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 9
Transaction ID: A161047A9B93A421F875
 Amount of Each Receipt this Period
 57.69
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services Texas Rvp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 749.97

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 51 / 125

(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 State Zip Code
Trussville AL 35173-3506

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

Name of Employer Occupation
Diversicare Management Se- AI & Tn Rvp
rvices

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 239.88

Date of Receipt

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

Transaction ID: A635FC789D5C34D7B84C

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 Occupation
Diversicare Management Se- AI & Tn Rvp
rvices

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 299.85

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: AD241144662944C899BC

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 Occupation
Diversicare Management Se- AI & Tn Rvp
rvices

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 359.82

Date of Receipt

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

Transaction ID: ABFC9C7AFBD3E4CA4BF9

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 52 / 125
(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 ▼ 419.79

Date of Receipt: 04 / 03 / 2009
Transaction ID: ABC99DA7E98304DB589F
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 ▼ 479.76

Date of Receipt: 04 / 17 / 2009
Transaction ID: A32CC8503DD4F498CA91
Amount of Each Receipt this Period: 59.97

C.

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 ▼ 539.73

Date of Receipt: 05 / 01 / 2009
Transaction ID: A622947A485354319A99
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 53 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Robin Jones
 Mailing Address 4674 Riverbend Road
 City Trussville State AL Zip Code 35173-3506
 Date of Receipt 05 / 15 / 2009
Transaction ID: AFABA1E91904744B4906
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date 599.70

B. Full Name (Last, First, Middle Initial)
 Robin Jones
 Mailing Address 4674 Riverbend Road
 City Trussville State AL Zip Code 35173-3506
 Date of Receipt 05 / 29 / 2009
Transaction ID: A04564551032849EFB3A
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date 659.67

C. Full Name (Last, First, Middle Initial)
 Robin Jones
 Mailing Address 4674 Riverbend Road
 City Trussville State AL Zip Code 35173-3506
 Date of Receipt 06 / 12 / 2009
Transaction ID: A2015EEFB1DBC4417BDB
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date 719.64

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 54 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robin 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 ▼ 779.61
 Date of Receipt 06 / 26 / 2009
Transaction ID: AB7228C084705462CABD
 Amount of Each Receipt this Period 59.97

B. Full Name (Last, First, Middle Initial)
Randi Kiphen
 Mailing Address 10880 Gallia Pike
 City Wheelersburg State OH Zip Code 45694-8443
 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 ▼ 219.24
 Date of Receipt 03 / 15 / 2009
Transaction ID: A34A50B2FB5F24A6293B
 Amount of Each Receipt this Period 36.54

C. Full Name (Last, First, Middle Initial)
Randi Kiphen
 Mailing Address 10880 Gallia Pike
 City Wheelersburg State OH Zip Code 45694-8443
 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 ▼ 255.78
 Date of Receipt 04 / 09 / 2009
Transaction ID: A10ACE4CE35764A26B18
 Amount of Each Receipt this Period 36.54

SUBTOTAL of Receipts This Page (optional) ► **133.05**
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 55 / 125
	(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) Randi Kiphen		Date of Receipt
Mailing Address 10880 Gallia Pike		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
City	State	Zip Code
Wheelersburg	OH	45694-8443
FEC ID number of contributing federal political committee.		Transaction ID: ADC3C29D641004572A00
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="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 ▼	
	<input type="text" value="292.32"/>	

B.

Full Name (Last, First, Middle Initial) Randi Kiphen		Date of Receipt
Mailing Address 10880 Gallia Pike		<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
City	State	Zip Code
Wheelersburg	OH	45694-8443
FEC ID number of contributing federal political committee.		Transaction ID: A02FDE41F640449DC92B
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="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 ▼	
	<input type="text" value="328.86"/>	

C.

Full Name (Last, First, Middle Initial) Randi Kiphen		Date of Receipt
Mailing Address 10880 Gallia Pike		<input type="text" value="05"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
City	State	Zip Code
Wheelersburg	OH	45694-8443
FEC ID number of contributing federal political committee.		Transaction ID: A2C3A696388974BF48CD
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="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 ▼	
	<input type="text" value="365.40"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="109.62"/>
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 56 / 125
(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 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 ▼ 401.94

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: A00D342BCFD0D415CB43

Amount of Each Receipt this Period
36.54

B.

Full Name (Last, First, Middle Initial)
Randi 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 ▼ 438.48

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: A0197353BAA9D4B7C81F

Amount of Each Receipt this Period
36.54

C.

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

Mailing Address 306 Cliftwood Loop

City State Zip Code
Hot Springs Nation AR 71913-8735

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 ▼ 208.86

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: AAB1CAD1D5A8B4774899

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 57 / 125
	<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) Steven Levato	Date of Receipt MM / DD / YYYY 04 / 09 / 2009
	Mailing Address 306 Cliftwood Loop	Transaction ID: AAC9E3720C3494EB880A
	City State Zip Code Hot Springs Nation AR 71913-8735	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 ▼ 243.67	

B.	Full Name (Last, First, Middle Initial) Steven Levato	Date of Receipt MM / DD / YYYY 04 / 23 / 2009
	Mailing Address 306 Cliftwood Loop	Transaction ID: A94AC4A0DF8E64B499A2
	City State Zip Code Hot Springs Nation AR 71913-8735	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 ▼ 278.48	

C.	Full Name (Last, First, Middle Initial) Steven Levato	Date of Receipt MM / DD / YYYY 05 / 07 / 2009
	Mailing Address 306 Cliftwood Loop	Transaction ID: A989969634A41451DA4B
	City State Zip Code Hot Springs Nation AR 71913-8735	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 ▼ 313.29	

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 58 / 125
(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)
 Steven Levato
 Mailing Address 306 Cliftwood Loop
 City State Zip Code
 Hot Springs Nation AR 71913-8735
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 9
Transaction ID: A4B30129C1F1B4BCF938
 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) ▼ 348.10

B. Full Name (Last, First, Middle Initial)
 Steven Levato
 Mailing Address 306 Cliftwood Loop
 City State Zip Code
 Hot Springs Nation AR 71913-8735
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 4 / 2 0 0 9
Transaction ID: A736816CA110C4E0787A
 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) ▼ 382.91

C. Full Name (Last, First, Middle Initial)
 Steven Levato
 Mailing Address 306 Cliftwood Loop
 City State Zip Code
 Hot Springs Nation AR 71913-8735
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 8 / 2 0 0 9
Transaction ID: A20C7ECE0AD214CBCB2D
 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) ▼ 417.72

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 59 / 125
(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)
Sandra Loperfido

Mailing Address 270 Highland Avenue

City State Zip Code
Russell KY 41169-1020

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 ▼ 211.36

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: ACD4AA16BC262490A74

Amount of Each Receipt this Period
26.42

B.

Full Name (Last, First, Middle Initial)
Sandra Loperfido

Mailing Address 270 Highland Avenue

City State Zip Code
Russell KY 41169-1020

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 ▼ 237.78

Date of Receipt
MM / DD / YYYY
05 / 07 / 2009

Transaction ID: A615C56E7925C4F1E8C8

Amount of Each Receipt this Period
26.42

C.

Full Name (Last, First, Middle Initial)
Sandra Loperfido

Mailing Address 270 Highland Avenue

City State Zip Code
Russell KY 41169-1020

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 ▼ 264.72

Date of Receipt
MM / DD / YYYY
05 / 11 / 2009

Transaction ID: AB1580FF0BEA8474C9E8

Amount of Each Receipt this Period
26.94

SUBTOTAL of Receipts This Page (optional) ► 79.78

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 60 / 125
	<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 Loperfido		Date of Receipt
	Mailing Address 270 Highland Avenue		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Russell	KY	41169-1020
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: A759B1EB4DF35415C8B9
Name of Employer Diversicare Leasing Corp		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="291.66"/>	<input type="text" value="26.94"/>

B.	Full Name (Last, First, Middle Initial) Sandra Loperfido		Date of Receipt
	Mailing Address 270 Highland Avenue		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Russell	KY	41169-1020
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: A29E118F4A02949A789B
Name of Employer Diversicare Leasing Corp		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="318.60"/>	<input type="text" value="26.94"/>

C.	Full Name (Last, First, Middle Initial) Lorey Lowe		Date of Receipt
	Mailing Address P O Box 1813		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Olive Hill	KY	41164-1813
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: A01A8B8713D734D3BBC6
Name of Employer Diversicare Management Services		Occupation Kentucky Cqi	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="229.60"/>	<input type="text" value="32.80"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="86.68"/>
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 61 / 125
(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 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 ▼ 262.40

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: AE0727F538A8040F586C

Amount of Each Receipt this Period
32.80

B.

Full Name (Last, First, Middle Initial)
Lorey 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 ▼ 295.20

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 9

Transaction ID: A903DA30855AB4F65845

Amount of Each Receipt this Period
32.80

C.

Full Name (Last, First, Middle Initial)
Lorey 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 ▼ 328.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: AA10512705CE64391A24

Amount of Each Receipt this Period
32.80

SUBTOTAL of Receipts This Page (optional) ► **98.40**

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 62 / 125
(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 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) ▼ 360.80

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: A50B80AF8EDFE466AB15

Amount of Each Receipt this Period
32.80

B.

Full Name (Last, First, Middle Initial)
Lorey 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) ▼ 395.59

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

Transaction ID: A5D65721A09B349C5837

Amount of Each Receipt this Period
34.79

C.

Full Name (Last, First, Middle Initial)
Lorey 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) ▼ 430.38

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

Transaction ID: ACE84401C056C48B0B21

Amount of Each Receipt this Period
34.79

SUBTOTAL of Receipts This Page (optional) ► **102.38**

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 63 / 125
	<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 Mack		Date of Receipt MM / DD / YYYY 06 / 26 / 2009		
	Mailing Address 81 Walnut Road		Transaction ID: AE4F0193FC50E48A490C		
	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	Aggregate Year-to-Date 202.25		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Jimmie Manning		Date of Receipt MM / DD / YYYY 02 / 20 / 2009		
	Mailing Address 149 Riverwood Drive		Transaction ID: A6B2AD4D9EAB64CA19C2		
	City Franklin	State TN	Zip Code 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	Aggregate Year-to-Date 230.76		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Jimmie Manning		Date of Receipt MM / DD / YYYY 03 / 06 / 2009		
	Mailing Address 149 Riverwood Drive		Transaction ID: A4BA5DACBA04A430D936		
	City Franklin	State TN	Zip Code 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	Aggregate Year-to-Date 288.45		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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: PAGE 64 / 125
(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 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 ▼ 346.14

Date of Receipt 03 / 20 / 2009

Transaction ID: A8F89164D2439477BAEC

Amount of Each Receipt this Period 57.69

B.

Full Name (Last, First, Middle Initial)
Jimmie 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 ▼ 403.83

Date of Receipt 04 / 03 / 2009

Transaction ID: A11A853D27E8F428992F

Amount of Each Receipt this Period 57.69

C.

Full Name (Last, First, Middle Initial)
Jimmie 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 ▼ 461.52

Date of Receipt 04 / 17 / 2009

Transaction ID: A01F37C88B24E4E56900

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 65 / 125
	<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 Manning		Date of Receipt MM / DD / YYYY 05 / 01 / 2009		
	Mailing Address 149 Riverwood Drive		Transaction ID: AECA55DB37A2F4B0C933		
	City Franklin	State TN	Zip Code 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 ▼ 519.21			

B.	Full Name (Last, First, Middle Initial) Jimmie Manning		Date of Receipt MM / DD / YYYY 05 / 15 / 2009		
	Mailing Address 149 Riverwood Drive		Transaction ID: AA75D7BC299E24604BF5		
	City Franklin	State TN	Zip Code 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 ▼ 576.90			

C.	Full Name (Last, First, Middle Initial) Jimmie Manning		Date of Receipt MM / DD / YYYY 05 / 29 / 2009		
	Mailing Address 149 Riverwood Drive		Transaction ID: AF95B0824CBCA4F19B4D		
	City Franklin	State TN	Zip Code 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 ▼ 634.59			

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 66 / 125
	(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) Jimmie Manning		Date of Receipt
	Mailing Address 149 Riverwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 12 / 2009
	City	State	Zip Code
	Franklin	TN	37069-4181
	FEC ID number of contributing federal political committee. C		Transaction ID: AEF985759B29A472786D
Name of Employer Diversicare Management Services		Occupation VP Purchasing & Property	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 ▼ 692.28	<input type="text"/> 57.69

B.	Full Name (Last, First, Middle Initial) Jimmie Manning		Date of Receipt
	Mailing Address 149 Riverwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 26 / 2009
	City	State	Zip Code
	Franklin	TN	37069-4181
	FEC ID number of contributing federal political committee. C		Transaction ID: AD111E75B018742F4837
Name of Employer Diversicare Management Services		Occupation VP Purchasing & Property	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 ▼ 749.97	<input type="text"/> 57.69

C.	Full Name (Last, First, Middle Initial) Lisa Martens		Date of Receipt
	Mailing Address 1339 Buckingham Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 20 / 2009
	City	State	Zip Code
	Franklin	TN	37064-5420
	FEC ID number of contributing federal political committee. C		Transaction ID: ABE1F29D8B1BE486CA63
Name of Employer Diversicare Management Services		Occupation VP Quality Management	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 ▼ 227.68	<input type="text"/> 56.92

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 172.30
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 67 / 125
(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)
Lisa 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 ▼ 284.60

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: A00D339DD6D6D462CBFF

Amount of Each Receipt this Period
56.92

B.

Full Name (Last, First, Middle Initial)
Lisa 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 ▼ 341.52

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: A940ACAAB4F7744A895A

Amount of Each Receipt this Period
56.92

C.

Full Name (Last, First, Middle Initial)
Lisa 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 ▼ 398.44

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: AD3FCDA73F895458B94A

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 68 / 125
	(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) Lisa Martens		Date of Receipt MM / DD / YYYY 04 / 17 / 2009
Mailing Address 1339 Buckingham Circle		Transaction ID: A7304D42B023048AF9E3
City Franklin	State Zip Code TN 37064-5420	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 56.92
Name of Employer Diversicare Management Services	Occupation VP Quality Management	Aggregate Year-to-Date ▼ 455.36
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Lisa Martens		Date of Receipt MM / DD / YYYY 05 / 01 / 2009
Mailing Address 1339 Buckingham Circle		Transaction ID: A3F95B0E75BBF488493F
City Franklin	State Zip Code TN 37064-5420	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 56.92
Name of Employer Diversicare Management Services	Occupation VP Quality Management	Aggregate Year-to-Date ▼ 512.28
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Lisa Martens		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address 1339 Buckingham Circle		Transaction ID: ACC5606684B674FBC995
City Franklin	State Zip Code TN 37064-5420	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 56.92
Name of Employer Diversicare Management Services	Occupation VP Quality Management	Aggregate Year-to-Date ▼ 569.20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 69 / 125
(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 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 ▼ 626.12

Date of Receipt 05 / 29 / 2009
Transaction ID: ABD874D4D577D424988B
 Amount of Each Receipt this Period 56.92

B.

Full Name (Last, First, Middle Initial)
Lisa 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 ▼ 683.04

Date of Receipt 06 / 12 / 2009
Transaction ID: A801E6083D6DB4F5D83F
 Amount of Each Receipt this Period 56.92

C.

Full Name (Last, First, Middle Initial)
Lisa 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 06 / 26 / 2009
Transaction ID: A47807D4350314D99974
 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: (check only one)	PAGE 70 / 125
	<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 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 ▼ 240.00

Date of Receipt 02 / 20 / 2009

Transaction ID: AB301CC671F824E3BA3D

Amount of Each Receipt this Period 60.00

B.

Full Name (Last, First, Middle Initial)
Wanda 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 ▼ 300.00

Date of Receipt 03 / 06 / 2009

Transaction ID: A0663DDE40EC9448FAA5

Amount of Each Receipt this Period 60.00

C.

Full Name (Last, First, Middle Initial)
Wanda 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 ▼ 360.00

Date of Receipt 03 / 20 / 2009

Transaction ID: A31AF7B62D34345EC8ED

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 71 / 125
	(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 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 ▼ 420.00

Date of Receipt MM / DD / YYYY 04 / 03 / 2009

Transaction ID: AF938C0DDDF37C4B95BE9

Amount of Each Receipt this Period 60.00

B. Full Name (Last, First, Middle Initial)
 Wanda 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 ▼ 480.00

Date of Receipt MM / DD / YYYY 04 / 17 / 2009

Transaction ID: A38BBAAEF2074409C9B2

Amount of Each Receipt this Period 60.00

C. Full Name (Last, First, Middle Initial)
 Wanda 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 ▼ 540.00

Date of Receipt MM / DD / YYYY 05 / 01 / 2009

Transaction ID: A9A9DB18AD771470CBEA

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 72 / 125
(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 Meade

Mailing Address 15939 Lone Oak Drive

City State Zip Code
Catlettsburg KY 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 ▼ 600.00

Date of Receipt 05 / 15 / 2009
Transaction ID: A8F8ACBE6FE90465AB63
 Amount of Each Receipt this Period 60.00

B.

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

Mailing Address 15939 Lone Oak Drive

City State Zip Code
Catlettsburg KY 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 ▼ 660.00

Date of Receipt 05 / 29 / 2009
Transaction ID: A21ABC679FE88453B9A7
 Amount of Each Receipt this Period 60.00

C.

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

Mailing Address 15939 Lone Oak Drive

City State Zip Code
Catlettsburg KY 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 ▼ 720.00

Date of Receipt 06 / 12 / 2009
Transaction ID: A1BB5A187B7C54FE1BB9
 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 73 / 125
	(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 Meade		Date of Receipt MM / DD / YYYY 06 / 26 / 2009
Mailing Address 15939 Lone Oak Drive		Transaction ID: AF8BAA28A497E42A8860
City Catlettsburg	State KY	
Zip Code 41129-9290		Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C		
Name of Employer Diversicare Management Services	Occupation Kentucky Rvp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

B.

Full Name (Last, First, Middle Initial) Kelli Montelongo		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address 421 Big Timber Drive		Transaction ID: AA18AF4B6412C465EB00
City Temple	State TX	
Zip Code 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 ▼ 209.60	

C.

Full Name (Last, First, Middle Initial) Kelli Montelongo		Date of Receipt MM / DD / YYYY 05 / 29 / 2009
Mailing Address 421 Big Timber Drive		Transaction ID: A0F1ABA58979B41FEA4D
City Temple	State TX	
Zip Code 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 ▼ 230.56	

SUBTOTAL of Receipts This Page (optional)	101.92
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 74 / 125
	<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 Montelongo		Date of Receipt
	Mailing Address 421 Big Timber Drive		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Temple	TX	76502-5295
	FEC ID number of contributing federal political committee. C		Transaction ID: AAAB2D520C04E4998819
Name of Employer Diversicare Management Services		Occupation Texas Reboc	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="251.52"/>	<input type="text" value="20.96"/>

B.	Full Name (Last, First, Middle Initial) Kelli Montelongo		Date of Receipt
	Mailing Address 421 Big Timber Drive		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Temple	TX	76502-5295
	FEC ID number of contributing federal political committee. C		Transaction ID: AB1FCFC39C7DB4AE485F
Name of Employer Diversicare Management Services		Occupation Texas Reboc	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="272.48"/>	<input type="text" value="20.96"/>

C.	Full Name (Last, First, Middle Initial) Nita Morris		Date of Receipt
	Mailing Address P O Box 275		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Norman	AR	71960-0275
	FEC ID number of contributing federal political committee. C		Transaction ID: A34DCEDF751CD4E89AA6
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="201.90"/>	<input type="text" value="33.65"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="75.57"/>
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 75 / 125 (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

<p>A. Full Name (Last, First, Middle Initial) Nita Morris</p> <p>Mailing Address P O Box 275</p> <p>City State Zip Code Norman AR 71960-0275</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Diversicare Management Services Occupation: Arkansas Cqi Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 235.55</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 03 / 2009</p> <p>Transaction ID: AE03CBA1CE13B4EBD873</p> <p>Amount of Each Receipt this Period 33.65</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Nita Morris</p> <p>Mailing Address P O Box 275</p> <p>City State Zip Code Norman AR 71960-0275</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Diversicare Management Services Occupation: Arkansas Cqi Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 269.20</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 17 / 2009</p> <p>Transaction ID: AC12DA3B6F8CA4C9EBE8</p> <p>Amount of Each Receipt this Period 33.65</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Nita Morris</p> <p>Mailing Address P O Box 275</p> <p>City State Zip Code Norman AR 71960-0275</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Diversicare Management Services Occupation: Arkansas Cqi Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 302.85</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 01 / 2009</p> <p>Transaction ID: A4E40F0C6381A44AC935</p> <p>Amount of Each Receipt this Period 33.65</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>100.95</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 125
(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 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) ▼ 336.50

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: A435C6A4B751345A6860

Amount of Each Receipt this Period
33.65

B.

Full Name (Last, First, Middle Initial)
Nita 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) ▼ 370.15

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: A239A28FDE82946E4961

Amount of Each Receipt this Period
33.65

C.

Full Name (Last, First, Middle Initial)
Nita 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) ▼ 403.80

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: AB44ED0AF2B43A9AF3

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 77 / 125
(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 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.45

Date of Receipt 06 / 26 / 2009

Transaction ID: AD0029D6A25D540B1BDC

Amount of Each Receipt this Period 33.65

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 ▼ 214.16

Date of Receipt 04 / 17 / 2009

Transaction ID: A528F933D8D174AC88B2

Amount of Each Receipt this Period 26.77

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 ▼ 240.93

Date of Receipt 05 / 01 / 2009

Transaction ID: AA7486EF99ECB43FF863

Amount of Each Receipt this Period 26.77

SUBTOTAL of Receipts This Page (optional) 87.19

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 78 / 125
	(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) Trevia Oakley		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
	Mailing Address 901 Camellia Road		Transaction ID: A0CAFC7E266C7428F904
	City Oneonta	State AL	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.77
	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 ▼ 267.70	

B.	Full Name (Last, First, Middle Initial) Trevia Oakley		Date of Receipt MM / DD / YYYY 05 / 29 / 2009
	Mailing Address 901 Camellia Road		Transaction ID: A53332FA6E8494661A93
	City Oneonta	State AL	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.77
	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 ▼ 294.47	

C.	Full Name (Last, First, Middle Initial) Trevia Oakley		Date of Receipt MM / DD / YYYY 06 / 12 / 2009
	Mailing Address 901 Camellia Road		Transaction ID: A4474731A635E4484A91
	City Oneonta	State AL	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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 ▼ 322.05	

SUBTOTAL of Receipts This Page (optional)	▶	81.12
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 79 / 125
	<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 06 / 26 / 2009		
	Mailing Address 901 Camellia Road		Transaction ID: A587F47E27D604F92855		
	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 ▼ 349.63			

B.	Full Name (Last, First, Middle Initial) Terena Raidt		Date of Receipt MM / DD / YYYY 03 / 06 / 2009		
	Mailing Address 7233 Althorp Way #S10		Transaction ID: AADBAE8896C7B4804843		
	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 ▼ 228.80			

C.	Full Name (Last, First, Middle Initial) Terena Raidt		Date of Receipt MM / DD / YYYY 03 / 20 / 2009		
	Mailing Address 7233 Althorp Way #S10		Transaction ID: A9A042D50F6C94FB0A12		
	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 ▼ 274.56			

SUBTOTAL of Receipts This Page (optional)	▶	119.10
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 80 / 125

(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 Raidt

Mailing Address 7233 Althorp Way #S10

City State Zip Code
Nashville TN 37211-7156

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

Name of Employer Occupation
Diversicare Management Services VP of Marketing

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 320.32

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: AC2724AF8F66547809DD

Amount of Each Receipt this Period
45.76

B.

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

Mailing Address 7233 Althorp Way #S10

City State Zip Code
Nashville TN 37211-7156

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

Name of Employer Occupation
Diversicare Management Services VP of Marketing

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 366.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: AA421F771FA234268943

Amount of Each Receipt this Period
45.76

C.

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

Mailing Address 7233 Althorp Way #S10

City State Zip Code
Nashville TN 37211-7156

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

Name of Employer Occupation
Diversicare Management Services VP of Marketing

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 411.84

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 9

Transaction ID: A21B675147D284654811

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 81 / 125
(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 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 ▼ 457.60

Date of Receipt 05 / 15 / 2009
Transaction ID: A42188E18AD064A1896D
Amount of Each Receipt this Period 45.76

B.

Full Name (Last, First, Middle Initial)
Terena 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 ▼ 503.36

Date of Receipt 05 / 29 / 2009
Transaction ID: ACFB1FE808E784959B2F
Amount of Each Receipt this Period 45.76

C.

Full Name (Last, First, Middle Initial)
Terena 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 ▼ 549.12

Date of Receipt 06 / 12 / 2009
Transaction ID: A03192DD7359D4742969
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 82 / 125
(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)
Terena 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 ▼ 594.88

Date of Receipt 06 / 26 / 2009
Transaction ID: A1EEFE0421E044C7CA5F

Amount of Each Receipt this Period 45.76

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 ▼ 225.30

Date of Receipt 03 / 20 / 2009
Transaction ID: A640756900E754B3C9B6

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 ▼ 270.36

Date of Receipt 04 / 03 / 2009
Transaction ID: A4EEBCE5B041846FEB82

Amount of Each Receipt this Period 45.06

SUBTOTAL of Receipts This Page (optional) ► 135.88

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 83 / 125
(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) Robert Rice		Date of Receipt MM / DD / YYYY 04 / 17 / 2009
Mailing Address 7147 Riverfront Drive		Transaction ID: A67552ED5C0C0481D81D
City Nashville	State Zip Code TN 37221-6585	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.06
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 ▼ 315.42	

B.

Full Name (Last, First, Middle Initial) Robert Rice		Date of Receipt MM / DD / YYYY 05 / 01 / 2009
Mailing Address 7147 Riverfront Drive		Transaction ID: AD792D57998974396AFF
City Nashville	State Zip Code TN 37221-6585	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.06
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 ▼ 360.48	

C.

Full Name (Last, First, Middle Initial) Robert Rice		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address 7147 Riverfront Drive		Transaction ID: A0365FD2C748F4B10AFB
City Nashville	State Zip Code TN 37221-6585	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.06
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 ▼ 405.54	

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 84 / 125
(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)
 Robert Rice
 Mailing Address 7147 Riverfront Drive
 City Nashville State TN Zip Code 37221-6585
 Date of Receipt 05 / 29 / 2009
Transaction ID: A9CA4A4DCF3304F8287E
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date 450.60

B. Full Name (Last, First, Middle Initial)
 Robert Rice
 Mailing Address 7147 Riverfront Drive
 City Nashville State TN Zip Code 37221-6585
 Date of Receipt 06 / 12 / 2009
Transaction ID: A3AF8AA9F91A6478D9B6
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date 495.66

C. Full Name (Last, First, Middle Initial)
 Robert Rice
 Mailing Address 7147 Riverfront Drive
 City Nashville State TN Zip Code 37221-6585
 Date of Receipt 06 / 26 / 2009
Transaction ID: AAF6BD1914F54436887A
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date 540.72

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 85 / 125
(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 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 ▼ 384.60

Date of Receipt 01 / 23 / 2009

Transaction ID: AFBD4854AC2C6468A83E

Amount of Each Receipt this Period 192.30

B. Full Name (Last, First, Middle Initial)
Louis 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 ▼ 576.90

Date of Receipt 02 / 06 / 2009

Transaction ID: A55D0CC4D56564CB9AEF

Amount of Each Receipt this Period 192.30

C. Full Name (Last, First, Middle Initial)
Louis 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 ▼ 769.20

Date of Receipt 02 / 20 / 2009

Transaction ID: ABEF0390BBF784DF9B79

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 86 / 125
(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)
Louis 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 ▼ 961.50

Date of Receipt 03 / 06 / 2009

Transaction ID: A824F02B93F7046BE89C

Amount of Each Receipt this Period 192.30

B.

Full Name (Last, First, Middle Initial)
Louis 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 ▼ 1153.80

Date of Receipt 03 / 20 / 2009

Transaction ID: A12353741CDA64578BA9

Amount of Each Receipt this Period 192.30

C.

Full Name (Last, First, Middle Initial)
Louis 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 ▼ 1346.10

Date of Receipt 04 / 03 / 2009

Transaction ID: AC1174390BE6E466A842

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 87 / 125
(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 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 ▼ 1538.40

Date of Receipt 04 / 17 / 2009

Transaction ID: A3BAA77DA3E5C4877890

Amount of Each Receipt this Period 192.30

B.

Full Name (Last, First, Middle Initial)
Louis 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 ▼ 1730.70

Date of Receipt 05 / 01 / 2009

Transaction ID: AC3F3210E99BC4E939A6

Amount of Each Receipt this Period 192.30

C.

Full Name (Last, First, Middle Initial)
Louis 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 ▼ 1923.00

Date of Receipt 05 / 15 / 2009

Transaction ID: A9CEF34F0D38040BB80F

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 88 / 125
(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)
Louis 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 ▼ 2115.30

Date of Receipt 05 / 29 / 2009
Transaction ID: A80D3EBBD52334F24B59
Amount of Each Receipt this Period 192.30

B.

Full Name (Last, First, Middle Initial)
Louis 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 ▼ 2307.60

Date of Receipt 06 / 12 / 2009
Transaction ID: AE99013DFBE3A4D6A8B1
Amount of Each Receipt this Period 192.30

C.

Full Name (Last, First, Middle Initial)
Louis 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 06 / 26 / 2009
Transaction ID: ADA21B929E24447F2BB8
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 89 / 125
	<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 ▼ 207.34

Date of Receipt: 04 / 02 / 2009
Transaction ID: A586A890DD63A46AF924
 Amount of Each Receipt this Period: 29.62

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 ▼ 236.96

Date of Receipt: 04 / 16 / 2009
Transaction ID: A6456CB3DEA894EE687C
 Amount of Each Receipt this Period: 29.62

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 ▼ 266.58

Date of Receipt: 04 / 23 / 2009
Transaction ID: A262E49D5359043AEA01
 Amount of Each Receipt this Period: 29.62

SUBTOTAL of Receipts This Page (optional) ► 88.86

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 90 / 125
(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 ▼ 296.20

Date of Receipt: 05 / 14 / 2009
Transaction ID: A71E0A73A7CE649B4946
Amount of Each Receipt this Period: 29.62

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 ▼ 325.82

Date of Receipt: 05 / 28 / 2009
Transaction ID: AB380BD182C4C45D383E
Amount of Each Receipt this Period: 29.62

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 ▼ 356.03

Date of Receipt: 06 / 11 / 2009
Transaction ID: A61D9063F152D4AFD828
Amount of Each Receipt this Period: 30.21

SUBTOTAL of Receipts This Page (optional) ► 89.45

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 91 / 125
(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)
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 ▼ 386.24

Date of Receipt: 06 / 26 / 2009
Transaction ID: ACC0E73FEF9464494BE5
 Amount of Each Receipt this Period: 30.21

B. Full Name (Last, First, Middle Initial)
Marlies 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 ▼ 223.44

Date of Receipt: 04 / 03 / 2009
Transaction ID: AC2988726BDF24508970
 Amount of Each Receipt this Period: 31.92

C. Full Name (Last, First, Middle Initial)
Marlies 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 ▼ 255.36

Date of Receipt: 04 / 17 / 2009
Transaction ID: A72182B3311364687A62
 Amount of Each Receipt this Period: 31.92

SUBTOTAL of Receipts This Page (optional) ► 94.05

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 92 / 125
(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)
 Marlies Sarrett
 Mailing Address 3450 East Lake Drive
 City State Zip Code
 Land O Lakes FL 34639-4641
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 1 / 2 0 0 9
Transaction ID: A65C0F91DDB694540B49
 Amount of Each Receipt this Period
 31.92
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Se- Florida Cqi
 rvices
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 287.28

B. Full Name (Last, First, Middle Initial)
 Marlies Sarrett
 Mailing Address 3450 East Lake Drive
 City State Zip Code
 Land O Lakes FL 34639-4641
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 9
Transaction ID: ADA6ACD9663E24997982
 Amount of Each Receipt this Period
 31.92
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Se- Florida Cqi
 rvices
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 319.20

C. Full Name (Last, First, Middle Initial)
 Marlies Sarrett
 Mailing Address 3450 East Lake Drive
 City State Zip Code
 Land O Lakes FL 34639-4641
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 9 / 2 0 0 9
Transaction ID: AF3C079B18F0443B2BAB
 Amount of Each Receipt this Period
 31.92
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Se- Florida Cqi
 rvices
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 351.12

SUBTOTAL of Receipts This Page (optional) ► 95.76
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 93 / 125
(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 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.16

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: A2B519E4C88AF47938FF

Amount of Each Receipt this Period
33.04

B.

Full Name (Last, First, Middle Initial)
Marlies 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 417.20

Date of Receipt
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: AFF9DEE4B9A08432F9B3

Amount of Each Receipt this Period
33.04

C.

Full Name (Last, First, Middle Initial)
Kenneth 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 206.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: AD1E25A449A4A4730A14

Amount of Each Receipt this Period
41.20

SUBTOTAL of Receipts This Page (optional) ► **107.28**

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 94 / 125
(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)
Kenneth 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 ▼
247.20

Date of Receipt: 03 / 20 / 2009
Transaction ID: AA48628B4774E4935AFD
 Amount of Each Receipt this Period: 41.20

B. Full Name (Last, First, Middle Initial)
Kenneth 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 ▼
288.40

Date of Receipt: 04 / 03 / 2009
Transaction ID: A18436C06E21F46538F7
 Amount of Each Receipt this Period: 41.20

C. Full Name (Last, First, Middle Initial)
Kenneth 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 ▼
329.60

Date of Receipt: 04 / 17 / 2009
Transaction ID: A7924923750E24601AA9
 Amount of Each Receipt this Period: 41.20

SUBTOTAL of Receipts This Page (optional) ► **123.60**

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 95 / 125
(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 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 ▼
370.80

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: A4F447F49E63041D3BBD

Amount of Each Receipt this Period
41.20

B.

Full Name (Last, First, Middle Initial)
Kenneth 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 ▼
412.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: ACFC1AD82C32F4030888

Amount of Each Receipt this Period
41.20

C.

Full Name (Last, First, Middle Initial)
Kenneth 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 ▼
453.20

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: A6F7D7864A7BC4D52B67

Amount of Each Receipt this Period
41.20

SUBTOTAL of Receipts This Page (optional) ► **123.60**

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 96 / 125
(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)
Kenneth 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 ▼
495.84

Date of Receipt: 06 / 12 / 2009
Transaction ID: A091CC16EED824F28823
 Amount of Each Receipt this Period: 42.64

B. Full Name (Last, First, Middle Initial)
Kenneth 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 ▼
538.48

Date of Receipt: 06 / 26 / 2009
Transaction ID: AE7D581EE60344C639A4
 Amount of Each Receipt this Period: 42.64

C. Full Name (Last, First, Middle Initial)
Gary 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: Diversicare Leasing Corp
Occupation: Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.98

Date of Receipt: 04 / 09 / 2009
Transaction ID: A3D53C2470DF94881937
 Amount of Each Receipt this Period: 30.14

SUBTOTAL of Receipts This Page (optional) ► **115.42**

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 97 / 125
	<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 Snyder
 Mailing Address PO Box 30
 City State Zip Code
 Martin TN 38237-0030
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 3 / 2 0 0 9
Transaction ID: A2FD2123050CC410C922
 Amount of Each Receipt this Period
 30.14
 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) ▼ 241.12

B. Full Name (Last, First, Middle Initial)
 Gary Snyder
 Mailing Address PO Box 30
 City State Zip Code
 Martin TN 38237-0030
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 7 / 2 0 0 9
Transaction ID: A0C570F5097C04BEBB1D
 Amount of Each Receipt this Period
 30.14
 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) ▼ 271.26

C. Full Name (Last, First, Middle Initial)
 Gary Snyder
 Mailing Address PO Box 30
 City State Zip Code
 Martin TN 38237-0030
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 1 / 2 0 0 9
Transaction ID: A1037B4944A964A3FBB3
 Amount of Each Receipt this Period
 30.75
 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) ▼ 302.01

SUBTOTAL of Receipts This Page (optional) ► 91.03
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 98 / 125
	<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) Gary Snyder		Date of Receipt MM / DD / YYYY 06 / 04 / 2009		
	Mailing Address PO Box 30		Transaction ID: A52C9A6E81C44463DBED		
	City Martin	State TN	Zip Code 38237-0030	Amount of Each Receipt this Period 30.75	
	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 ▼ 332.76			

B.	Full Name (Last, First, Middle Initial) Gary Snyder		Date of Receipt MM / DD / YYYY 06 / 18 / 2009		
	Mailing Address PO Box 30		Transaction ID: A9E4040C4609848659A1		
	City Martin	State TN	Zip Code 38237-0030	Amount of Each Receipt this Period 30.75	
	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 ▼ 363.51			

C.	Full Name (Last, First, Middle Initial) Kathie Sullivan		Date of Receipt MM / DD / YYYY 04 / 03 / 2009		
	Mailing Address 2469 AR 115		Transaction ID: A18650E8896F0429FA45		
	City Smithville	State AR	Zip Code 72466	Amount of Each Receipt this Period 29.53	
	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 ▼ 206.71			

SUBTOTAL of Receipts This Page (optional)	▶	91.03
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 / 125
(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: Diversicare Management Services
Occupation: Arkansas Cqi Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
236.24

Date of Receipt: 04 / 17 / 2009
Transaction ID: A87A6BEB822CE43C699C
Amount of Each Receipt this Period: 29.53

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: Diversicare Management Services
Occupation: Arkansas Cqi Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.77

Date of Receipt: 05 / 01 / 2009
Transaction ID: AA7CA007282974DDE9DA
Amount of Each Receipt this Period: 29.53

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: Diversicare Management Services
Occupation: Arkansas Cqi Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.30

Date of Receipt: 05 / 15 / 2009
Transaction ID: A6998D9A9E46D479083F
Amount of Each Receipt this Period: 29.53

SUBTOTAL of Receipts This Page (optional) ► **88.59**

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 100 / 125
(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)
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: Diversicare Management Services
Occupation: Arkansas Cqi Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
324.83

Date of Receipt: 05 / 29 / 2009
Transaction ID: AA320D7540EC6453396B
Amount of Each Receipt this Period: 29.53

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: Diversicare Management Services
Occupation: Arkansas Cqi Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
355.39

Date of Receipt: 06 / 12 / 2009
Transaction ID: A13FE2E515F4B4964814
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: Diversicare Management Services
Occupation: Arkansas Cqi Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.95

Date of Receipt: 06 / 26 / 2009
Transaction ID: AD1EDE4E814E240479A9
Amount of Each Receipt this Period: 30.56

SUBTOTAL of Receipts This Page (optional) ► **90.65**

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 101 / 125
(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 Occupat
Advocat Rai Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 221.70

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: A248E18609F5843A8B04

Amount of Each Receipt this Period
36.95

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 Occupat
Advocat Rai Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 258.65

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: AB757092BB7EE480EB8B

Amount of Each Receipt this Period
36.95

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 Occupat
Advocat Rai Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 295.60

Date of Receipt
MM / DD / YYYY
04 / 17 / 2009

Transaction ID: A28619A61438F4A37B82

Amount of Each Receipt this Period
36.95

SUBTOTAL of Receipts This Page (optional) ► **110.85**

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 102 / 125		
	<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) E Kim Tirronen		Date of Receipt
	Mailing Address 16701 Richloam Lane		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Spring Hill	FL	34610-1657
	FEC ID number of contributing federal political committee. C		Transaction ID: A1DB01341C0864A3D946
Name of Employer Advocat		Occupation Rai 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="36.95"/>
		<input type="text" value="332.55"/>	

B.	Full Name (Last, First, Middle Initial) E Kim Tirronen		Date of Receipt
	Mailing Address 16701 Richloam Lane		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Spring Hill	FL	34610-1657
	FEC ID number of contributing federal political committee. C		Transaction ID: AD3E3861F6078417E850
Name of Employer Advocat		Occupation Rai 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="36.95"/>
		<input type="text" value="369.50"/>	

C.	Full Name (Last, First, Middle Initial) E Kim Tirronen		Date of Receipt
	Mailing Address 16701 Richloam Lane		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Spring Hill	FL	34610-1657
	FEC ID number of contributing federal political committee. C		Transaction ID: A4C128D2810E54B50AA3
Name of Employer Advocat		Occupation Rai 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="36.95"/>
		<input type="text" value="406.45"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="110.85"/>
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 103 / 125
(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)
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) ▼ 210.35

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2009

Transaction ID: A4BDABA7708EA4D989BB

Amount of Each Receipt this Period
42.07

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 Corpo- Admin Administrator-exemp
ration

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 252.42

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2009

Transaction ID: A12AABD17E48E4CF791F

Amount of Each Receipt this Period
42.07

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 Corpo- Admin Administrator-exemp
ration

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 296.18

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 02 / 2009

Transaction ID: AEB62BF2877AE4FA0A66

Amount of Each Receipt this Period
43.76

SUBTOTAL of Receipts This Page (optional) ► 127.90

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 104 / 125
	<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) Mark Tschudy	Date of Receipt MM / DD / YYYY 04 / 16 / 2009
	Mailing Address 28219 Madelin Manor Lane	Transaction ID: A63E7E7A4202B4C239B2
	City State Zip Code Spring TX 77386-3087	Amount of Each Receipt this Period 42.07
	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 ▼ 338.25	
B.	Full Name (Last, First, Middle Initial) Mark Tschudy	Date of Receipt MM / DD / YYYY 04 / 23 / 2009
	Mailing Address 28219 Madelin Manor Lane	Transaction ID: ADA5D41FCB99644C39F9
	City State Zip Code Spring TX 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 ▼ 382.01	
C.	Full Name (Last, First, Middle Initial) Mark Tschudy	Date of Receipt MM / DD / YYYY 05 / 14 / 2009
	Mailing Address 28219 Madelin Manor Lane	Transaction ID: A5EA4878BF4CA4FDCADA
	City State Zip Code Spring TX 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 ▼ 425.77	

SUBTOTAL of Receipts This Page (optional)	129.59
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 105 / 125
(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 ▼
469.53

Date of Receipt
MM / DD / YYYY
05 / 28 / 2009

Transaction ID: AFA4254F12414433FA38

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 ▼
513.29

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: A51ED142B1DE74D61AAD

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 ▼
557.05

Date of Receipt
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: AC0A0F0511E23411D892

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 106 / 125
(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)
 Molly 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 ▼ 215.36
 Date of Receipt 04 / 17 / 2009
Transaction ID: ABAEB88105EAA44CFACC
 Amount of Each Receipt this Period 26.92

B. Full Name (Last, First, Middle Initial)
 Molly 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 ▼ 242.28
 Date of Receipt 05 / 01 / 2009
Transaction ID: ABDF0D8F904F549AB8F2
 Amount of Each Receipt this Period 26.92

C. Full Name (Last, First, Middle Initial)
 Molly 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 ▼ 269.20
 Date of Receipt 05 / 15 / 2009
Transaction ID: A3D654A7FD9C5490B8AF
 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 107 / 125
(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 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 ▼ 296.12

Date of Receipt 05 / 29 / 2009
Transaction ID: A24A76412B160462C9EE
 Amount of Each Receipt this Period 26.92

B.

Full Name (Last, First, Middle Initial)
Molly 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 ▼ 323.04

Date of Receipt 06 / 12 / 2009
Transaction ID: A6A9B77B42B594F11A74
 Amount of Each Receipt this Period 26.92

C.

Full Name (Last, First, Middle Initial)
Molly 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 ▼ 349.96

Date of Receipt 06 / 26 / 2009
Transaction ID: AC117B4FD8EC6489983D
 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 108 / 125
	<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 Walls		Date of Receipt
	Mailing Address 2209 Bel Aire Drive SW		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Hartselle	AL	35640-3844
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Management Services		Occupation AI Reboc	Transaction ID: A2A80D1F325034ABA895
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="218.48"/>	
		Amount of Each Receipt this Period	<input type="text" value="27.31"/>

B.	Full Name (Last, First, Middle Initial) Roger Walls		Date of Receipt
	Mailing Address 2209 Bel Aire Drive SW		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Hartselle	AL	35640-3844
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Management Services		Occupation AI Reboc	Transaction ID: A5CA2C5ED39D74FF68DB
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="245.79"/>	
		Amount of Each Receipt this Period	<input type="text" value="27.31"/>

C.	Full Name (Last, First, Middle Initial) Roger Walls		Date of Receipt
	Mailing Address 2209 Bel Aire Drive SW		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Hartselle	AL	35640-3844
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Management Services		Occupation AI Reboc	Transaction ID: A2046029F3AAC45D3896
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="273.10"/>	
		Amount of Each Receipt this Period	<input type="text" value="27.31"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="81.93"/>
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 109 / 125
(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)
Roger 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: Diversicare Management Services
Occupation: AI Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.41

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: A3AC31B39595D4ABB995

Amount of Each Receipt this Period
27.31

B.

Full Name (Last, First, Middle Initial)
Roger 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: Diversicare Management Services
Occupation: AI Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
328.81

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: A44254C9E6A0242BF8AD

Amount of Each Receipt this Period
28.40

C.

Full Name (Last, First, Middle Initial)
Roger 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: Diversicare Management Services
Occupation: AI Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
357.21

Date of Receipt
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: A427C0225223543B68AF

Amount of Each Receipt this Period
28.40

SUBTOTAL of Receipts This Page (optional) ► **84.11**

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 110 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Matthew Weishaar		Date of Receipt MM / DD / YYYY 02 / 20 / 2009
Mailing Address 376 Sandcastle Road		Transaction ID: A6D64CCC4C8374E0AAAE
City Franklin	State Zip Code TN 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	Aggregate Year-to-Date ▼ 218.20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Matthew Weishaar		Date of Receipt MM / DD / YYYY 03 / 06 / 2009
Mailing Address 376 Sandcastle Road		Transaction ID: A1CD8D2CF3629445DA2C
City Franklin	State Zip Code TN 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	Aggregate Year-to-Date ▼ 272.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Matthew Weishaar		Date of Receipt MM / DD / YYYY 03 / 20 / 2009
Mailing Address 376 Sandcastle Road		Transaction ID: AD529A9AA1F6A47C382F
City Franklin	State Zip Code TN 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	Aggregate Year-to-Date ▼ 327.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 111 / 125
(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)
Matthew 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 ▼ 381.85

Date of Receipt 04 / 03 / 2009

Transaction ID: A7C8C993398E04B6A8EC

Amount of Each Receipt this Period 54.55

B.

Full Name (Last, First, Middle Initial)
Matthew 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 ▼ 436.40

Date of Receipt 04 / 17 / 2009

Transaction ID: ABCD63F1314DF4F33BAC

Amount of Each Receipt this Period 54.55

C.

Full Name (Last, First, Middle Initial)
Matthew 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 ▼ 490.95

Date of Receipt 05 / 01 / 2009

Transaction ID: A6DEABFB60FB8497DBEA

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 112 / 125
(check only one)

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

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

A.

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

Mailing Address 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 ▼ 545.50

Date of Receipt: 05 / 15 / 2009
Transaction ID: ADFA4BD0271CF43DB9C9
 Amount of Each Receipt this Period: 54.55

B.

Full Name (Last, First, Middle Initial)
Matthew 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 ▼ 600.05

Date of Receipt: 05 / 29 / 2009
Transaction ID: A605F40DEA1314D22AEC
 Amount of Each Receipt this Period: 54.55

C.

Full Name (Last, First, Middle Initial)
Matthew 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 ▼ 654.60

Date of Receipt: 06 / 12 / 2009
Transaction ID: A4F5A81D1131D4926AB5
 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 113 / 125
(check only one)

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

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

A.

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

Mailing Address 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 ▼ 709.15

Date of Receipt 06 / 26 / 2009

Transaction ID: A0B2AA8D191C948E6A40

Amount of Each Receipt this Period 54.55

B.

Full Name (Last, First, Middle Initial)
Charles 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 ▼ 211.55

Date of Receipt 03 / 06 / 2009

Transaction ID: A3E640F909A1842B0AEA

Amount of Each Receipt this Period 42.31

C.

Full Name (Last, First, Middle Initial)
Charles 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 ▼ 253.86

Date of Receipt 03 / 20 / 2009

Transaction ID: A1DC5583C377949EA962

Amount of Each Receipt this Period 42.31

SUBTOTAL of Receipts This Page (optional) ► **139.17**

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 114 / 125
	<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) Charles Wheeler		Date of Receipt
	Mailing Address P O Box 201682		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Austin	TX	78720-1682
	FEC ID number of contributing federal political committee. C		Transaction ID: A3FD89310B3A24A6CA11
Name of Employer Diversicare Management Services		Occupation Texas Executive 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"/>
		<input type="text"/> 296.17	<input type="text"/> 42.31

B.	Full Name (Last, First, Middle Initial) Charles Wheeler		Date of Receipt
	Mailing Address P O Box 201682		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Austin	TX	78720-1682
	FEC ID number of contributing federal political committee. C		Transaction ID: A50E5082344CE4F1EAD2
Name of Employer Diversicare Management Services		Occupation Texas Executive 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"/>
		<input type="text"/> 338.48	<input type="text"/> 42.31

C.	Full Name (Last, First, Middle Initial) Charles Wheeler		Date of Receipt
	Mailing Address P O Box 201682		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Austin	TX	78720-1682
	FEC ID number of contributing federal political committee. C		Transaction ID: A7EBA9F890CF2444AB55
Name of Employer Diversicare Management Services		Occupation Texas Executive 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"/>
		<input type="text"/> 380.79	<input type="text"/> 42.31

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 126.93
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 115 / 125
(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 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 ▼ 423.10
 Date of Receipt 05 / 15 / 2009
Transaction ID: AF558376D30D9461B963
 Amount of Each Receipt this Period 42.31

B. Full Name (Last, First, Middle Initial)
 Charles 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 ▼ 465.41
 Date of Receipt 05 / 29 / 2009
Transaction ID: A423618FAAA0B402F81A
 Amount of Each Receipt this Period 42.31

C. Full Name (Last, First, Middle Initial)
 Charles 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 ▼ 509.41
 Date of Receipt 06 / 12 / 2009
Transaction ID: A1FAE966D26BE4FEBA66
 Amount of Each Receipt this Period 44.00

SUBTOTAL of Receipts This Page (optional) ► 128.62
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 116 / 125

(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 Wheeler

Mailing Address P O Box 201682

City State Zip Code
Austin TX 78720-1682

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 ▼ 553.41

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: A7467D255F0E64D74836

Amount of Each Receipt this Period
44.00

B.

Full Name (Last, First, Middle Initial)
Chyra Worthington

Mailing Address 1723 Royal Oaks

City State Zip Code
Malvern AR 72104-5752

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 ▼ 223.04

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: A63AAF2F3B32C4C49B4A

Amount of Each Receipt this Period
27.88

C.

Full Name (Last, First, Middle Initial)
Chyra Worthington

Mailing Address 1723 Royal Oaks

City State Zip Code
Malvern AR 72104-5752

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 ▼ 250.92

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: AB6C41CB9CBE1497181D

Amount of Each Receipt this Period
27.88

SUBTOTAL of Receipts This Page (optional)

99.76

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 117 / 125
	<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 Worthington
 Mailing Address 1723 Royal Oaks
 City Malvern State AR Zip Code 72104-5752
 Date of Receipt 05 / 11 / 2009
Transaction ID: A1D4611BF11F5484CB4A
 Amount of Each Receipt this Period 28.85
 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 279.77

B. Full Name (Last, First, Middle Initial)
 Chyra Worthington
 Mailing Address 1723 Royal Oaks
 City Malvern State AR Zip Code 72104-5752
 Date of Receipt 06 / 04 / 2009
Transaction ID: A4E79732B37274EBC929
 Amount of Each Receipt this Period 28.85
 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 308.62

C. Full Name (Last, First, Middle Initial)
 Chyra Worthington
 Mailing Address 1723 Royal Oaks
 City Malvern State AR Zip Code 72104-5752
 Date of Receipt 06 / 18 / 2009
Transaction ID: A605C1B7F564D4CA58C6
 Amount of Each Receipt this Period 28.85
 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 337.47

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 118 / 125
(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)
Samuel Wright

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 ▼ 224.00

Date of Receipt 04 / 09 / 2009

Transaction ID: A40D8E654E0244891BDC

Amount of Each Receipt this Period 32.00

B.

Full Name (Last, First, Middle Initial)
Samuel Wright

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 ▼ 256.00

Date of Receipt 04 / 23 / 2009

Transaction ID: A04970859B1DB4AF4AC1

Amount of Each Receipt this Period 32.00

C.

Full Name (Last, First, Middle Initial)
Samuel Wright

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 ▼ 288.00

Date of Receipt 05 / 07 / 2009

Transaction ID: A2FB95A2A4FE24CE5A9D

Amount of Each Receipt this Period 32.00

SUBTOTAL of Receipts This Page (optional) ► 96.00

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 119 / 125
(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)
Samuel Wright
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 ▼ 321.27
Date of Receipt 05 / 11 / 2009
Transaction ID: A55015E81AA794604918
Amount of Each Receipt this Period 33.27

B. Full Name (Last, First, Middle Initial)
Samuel Wright
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 ▼ 354.54
Date of Receipt 06 / 04 / 2009
Transaction ID: A8346B79AE2484AD18DC
Amount of Each Receipt this Period 33.27

C. Full Name (Last, First, Middle Initial)
Samuel Wright
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 ▼ 387.81
Date of Receipt 06 / 18 / 2009
Transaction ID: A5E8DE0E4E0D24676974
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) ► 17214.45

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 120 / 125

<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) Bennet for Colorado</p> <p>Mailing Address 426 C. Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 5/27/09 Event; CO US Senate</p> <p>Candidate Name Sen. Michael F. Bennet</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B972AFD6861C24BF4933</p> <p>Date of Disbursement 05 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Cmte</p> <p>Mailing Address 6380 Wilshire Blvd.; Ste 1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement 6/30/09 Event; CA US House</p> <p>Candidate Name Rep. Henry Waxman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B585CBA06691B4CB59CA</p> <p>Date of Disbursement 06 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) DCCC</p> <p>Mailing Address 420 South Capitol Street, SE, FLR</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 6/13-14 Event; PAC to PPC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2009</p>	<p>Transaction ID: B45B439F9BDD04C4BBE0</p> <p>Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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 121 / 125

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

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

<p>A. Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013-0214</p> <p>Purpose of Disbursement 6/23/09 Event; ND At Large US House</p> <p>Candidate Name Rep. Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B707E0F0ED7434CB2883</p> <p>Date of Disbursement 06 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln</p> <p>Mailing Address PO BOX 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement 2010 Primary; AR US Senate</p> <p>Candidate Name Sen. Blanche Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B5A9660B72AE6443DA61</p> <p>Date of Disbursement 03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln</p> <p>Mailing Address PO BOX 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement 4/27/09 Event; AR US Senate</p> <p>Candidate Name Sen. Blanche Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B646A46625F4A43D8925</p> <p>Date of Disbursement 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Glenn Nye</p> <p>Mailing Address PO Box 68444</p> <p>City Virginia Beach State VA Zip Code 23471</p> <p>Purpose of Disbursement 6/2/09 Event; VA-02 US House</p> <p>Candidate Name Rep. Glenn Nye</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B16B873CFBC494DFD98E</p> <p>Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Harry Teague for Congress</p> <p>Mailing Address PO BOX 5153</p> <p>City Hobbs State NM Zip Code 88241</p> <p>Purpose of Disbursement 6/2/09 Event; NM-02 US House</p> <p>Candidate Name Rep. Harry Teague</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B2AB8AA65BB8A408681E</p> <p>Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Hatch Election Committee</p> <p>Mailing Address PO Box 1480</p> <p>City Washington State DC Zip Code 20013-1480</p> <p>Purpose of Disbursement 3/31/09 Event; UT US Senate</p> <p>Candidate Name Sen. Orrin G. Hatch</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B256586AF55634F56983</p> <p>Date of Disbursement 03 / 30 / 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)

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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) Hoyer for Congress <hr/> Mailing Address 4201 Northview Drive; Ste 307 <hr/> City Bowie State MD Zip Code 20716 <hr/> Purpose of Disbursement 5/19/09 Event; MD-05 US House Candidate Name Rep. Steny H. Hoyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC4638B218A5A4774A6C Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9
	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) Kendrick Meek for Florida <hr/> Mailing Address 111 NW 183rd. Street; Ste 325 <hr/> City Miami State FL Zip Code 33169 <hr/> Purpose of Disbursement 6/29/09 Event; FL US House Candidate Name Rep. Kendrick B. Meek <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B027400641F40416EA77 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	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) Kissell for Congress <hr/> Mailing Address PO Box 1530 <hr/> City Busci State NC Zip Code 27209 <hr/> Purpose of Disbursement 6/2/09 Event; NC-08 US House Candidate Name Rep. Larry Kissell <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3C4B90AAACE1940588F7 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 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) ▼

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) National Republican Congressional Cmte <hr/> Mailing Address 320 First Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 6/8/09 Event; PAC to PPC Candidate Name <hr/> 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) ▼ Other2009	Transaction ID: B5819339D2D0C4A949C6 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) National Republican Senatorial Cmte <hr/> Mailing Address 425 2nd St NE <hr/> City Washington State DC Zip Code 20002-4914 <hr/> Purpose of Disbursement 6/9/09 Event; PAC to PPC Candidate Name <hr/> 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) ▼ Other2009	Transaction ID: B19E84E571FA447A5B26 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Parker Griffith for Congress <hr/> Mailing Address PO Box 2916 <hr/> City Huntsville State AL Zip Code 35084 <hr/> Purpose of Disbursement 6/2/09 Event; AL-05 US House Candidate Name Rep. Parker Griffith <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B133848CB6A3B44D1BA1 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

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 125 / 125

<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) Peters for Congress <hr/> Mailing Address PO Box 226 <hr/> City Bloomfield Hills State MI Zip Code 48303 <hr/> Purpose of Disbursement 6/2/09 Event; MI-09 US House <hr/> Candidate Name Rep. Gary Peters <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B73A262A82E644E29AD2 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Stabenow for U.S. Senate <hr/> Mailing Address PO Box 4945 <hr/> City East Lansing State MI Zip Code 48826-4945 <hr/> Purpose of Disbursement 5/26/09 Event; MI US Senate <hr/> Candidate Name Sen. Debbie Stabenow <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB1E83098E9FB41F9B09 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Wyden for Senate <hr/> Mailing Address 7036 N. Wall Avenue <hr/> City Portland State OR Zip Code 97203 <hr/> Purpose of Disbursement 4/7/09 Event; OR US Senate <hr/> Candidate Name Sen. Ron Wyden <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3642FE03114442269DA Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

3000.00