

# 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 1 1 2 8 2 0 0 6 through 1 2 3 1 2 0 0 6

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Will Council  
Signature of Treasurer Electronically Filed by Will Council Date 0 1 2 2 2 0 0 7

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Advocat Inc. Political Action Committee

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		0.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	6040.79									
(c) Total Receipts (from Line 19) .....	3893.42	54021.27								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	9934.21	54021.27								
7. Total Disbursements (from Line 31) .....	0.00	44087.06								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	9934.21	9934.21								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Advocat Inc. Political Action Committee

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3634.31	47749.37
(i) Itemized (use Schedule A) .....	259.11	5484.84
(ii) Unitemized .....	3893.42	53234.21
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	3893.42	53234.21
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	387.06
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	400.00
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)) .....	3893.42	54021.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3893.42	54021.27

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	387.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	387.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	42200.00
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	1500.00
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))..	0.00	44087.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	44087.06

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	3893.42	53234.21
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3893.42	53234.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	387.06
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	387.06
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Benita Adkins</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address Rt 557		<b>Transaction ID: 70112.C937</b>	
City State Zip Code Sandy Hook KY 41171	Amount of Each Receipt this Period 52.70		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Elliot Nursing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 383.65		
		Payroll Deduction: (26.35- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Angel Alvarez</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 1013 Doriel St		<b>Transaction ID: 70112.C941</b>	
City State Zip Code Villa Hills KY 41017-3747	Amount of Each Receipt this Period 63.08		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Wurtland		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.64		
		Payroll Deduction: (31.54- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. April Anderson</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address PO Box 5		<b>Transaction ID: 70112.C929</b>	
City State Zip Code Paragould AR 72451-0005	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Walnut Ridge		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
		Payroll Deduction: (25.00- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	165.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Bobbie Bice		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 1310 Dove Ln		<b>Transaction ID:</b> 61205.C837	
City State Zip Code Lockhart TX 78644-2459	Amount of Each Receipt this Period 74.28		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Dir of Nursing - Chisolm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 391.12		
		Payroll Deduction: (24.76- /Pay Period )	

<b>B.</b> Full Name (Last, First, Middle Initial) Elizabeth Carroll		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 5024 Inglewood Ct		<b>Transaction ID:</b> 70112.C939	
City State Zip Code Nashville TN 37216-1424	Amount of Each Receipt this Period 56.36		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Mayfield Rehab		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 422.70		
		Payroll Deduction: (28.18- /Pay Period )	

<b>C.</b> Full Name (Last, First, Middle Initial) Brian Cole		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 1056 Windtree Trce		<b>Transaction ID:</b> 70112.C1004	
City State Zip Code Mt Juliet TN 37122-1333	Amount of Each Receipt this Period 92.31		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation IT Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 523.09		
		Payroll Deduction: (30.77- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	222.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Maryann Cook Mailing Address 155 E Foster Ct City State Zip Code Lecanto FL 34461-8107 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6 <b>Transaction ID: 70112.C1034</b> Amount of Each Receipt this Period 144.81 Receipt Payroll Deduction: (48.27- /Pay Period )
Name of Employer: Advocat Inc. Occupation: FL Regional VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 530.97		

<b>B.</b> Full Name (Last, First, Middle Initial) Pam Diggs Mailing Address 1122 Oakmeadow City State Zip Code Paragould AR 72450 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6 <b>Transaction ID: 70112.C924</b> Amount of Each Receipt this Period 51.50 Receipt Payroll Deduction: (25.75- /Pay Period )
Name of Employer: Diversicare Leasing Corp Occupation: Administrator - Newport Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 405.25		

<b>C.</b> Full Name (Last, First, Middle Initial) Lauralea Eason Wicker Mailing Address PO Box 621 City State Zip Code Hollandale MS 38748 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6 <b>Transaction ID: 70112.C894</b> Amount of Each Receipt this Period 32.58 Receipt Payroll Deduction: (32.58- /Pay Period )
Name of Employer: Advocat Inc. Occupation: Rehab Director - AR Region Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 456.12		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>228.89</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Peggy Everman</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address PO Box 820		<b>Transaction ID: 70112.C942</b>	
City State Zip Code Grayson KY 41143-0820	Amount of Each Receipt this Period 48.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Director of Nursing - Wurtland		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.00		
		Payroll Deduction: (24.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Marilyn Files</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 710 Chester St		<b>Transaction ID: 70112.C934</b>	
City State Zip Code Des Arc AR 72040-9306	Amount of Each Receipt this Period 53.56		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Des Arc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.39		
		Payroll Deduction: (26.78- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Samantha Gibson</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 331 Fire Field Rd		<b>Transaction ID: 61205.C835</b>	
City State Zip Code New Braunfels TX 78130-8217	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Director of Nursing - Hillcres		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 401.75		
		Payroll Deduction: (25.00- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	176.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Vicki Hampton</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address PO Box 123		<b>Transaction ID: 70112.C928</b>	
City State Zip Code Delaplaine AR 72425-0123	Amount of Each Receipt this Period 45.02		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Director of Nursing - Walnut R		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 337.65		
		Payroll Deduction: (22.51- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Edward Heenan</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2005 Boxwood Dr		<b>Transaction ID: 70112.C1006</b>	
City State Zip Code Franklin TN 37069-6908	Amount of Each Receipt this Period 89.49		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation Training & Educat		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.11		
		Payroll Deduction: (29.83- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. David Hickman</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 801 Brownstone Ct		<b>Transaction ID: 70112.C1007</b>	
City State Zip Code Nolensville TN 37135-9720	Amount of Each Receipt this Period 184.20		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation VP, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1228.00		
		Payroll Deduction: (61.40- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	318.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Danielle Higdon

Mailing Address 377 Hutchens Rd

City State Zip Code  
Martin TN 38237-5377

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

Name of Employer Occupation  
Diversicare Leasing Corp Director of Nursing - Martin

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 371.68

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

**Transaction ID:** 70112.C940

Amount of Each Receipt this Period  
46.46

Receipt

Payroll Deduction: (23.23- /Pay Period )

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

Mailing Address 4527 SE Highway 70

City State Zip Code  
Arcadia FL 34266-7787

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

Name of Employer Occupation  
Diversicare Leasing Corp Administrator - Hardee Manor

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 404.36

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

**Transaction ID:** 61205.C834

Amount of Each Receipt this Period  
82.68

Receipt

Payroll Deduction: (27.56- /Pay Period )

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

Mailing Address 10880 Gallia Pike Rd

City State Zip Code  
Wheelersburg OH 45694-8443

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

Name of Employer Occupation  
Diversicare Leasing Corp Administrator - Best Care Nurs

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 494.40

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

**Transaction ID:** 70112.C943

Amount of Each Receipt this Period  
65.92

Receipt

Payroll Deduction: (32.96- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>195.06</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 20
	<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

Full Name (Last, First, Middle Initial) <b>A. Steve Levato</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6		
Mailing Address 306 Cliffwood Loop		<b>Transaction ID: 70112.C935</b>		
City State Zip Code Hot Springs Natl P AR 71913-8735	Amount of Each Receipt this Period 60.58		Receipt  Payroll Deduction: (30.29- /Pay Period )	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Garland			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 471.68			

Full Name (Last, First, Middle Initial) <b>B. Joshua Lowe</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6		
Mailing Address 210 Vespie Rd		<b>Transaction ID: 70112.C925</b>		
City State Zip Code Wartburg TN 37887-4026	Amount of Each Receipt this Period 25.20		Receipt  Payroll Deduction: (25.20- /Pay Period )	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Laurel Manor H			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 348.92			

Full Name (Last, First, Middle Initial) <b>C. Lorey Lowe</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6		
Mailing Address PO Box 1813		<b>Transaction ID: 70112.C1009</b>		
City State Zip Code Olive Hill KY 41164	Amount of Each Receipt this Period 94.74		Receipt  Payroll Deduction: (31.58- /Pay Period )	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt		
Name of Employer Advocat Inc.	Occupation KY Reg Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 486.58			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	180.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Deborah Mack		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 81 walnut rd		Transaction ID: 70112.C1010	
City State Zip Code Glenwood AR 71943	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation S AR Area Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		
		Payroll Deduction: (15.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> Lisa Martens		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 1339 Buckingham Cir		Transaction ID: 70112.C1011	
City State Zip Code Franklin TN 37064-5420	Amount of Each Receipt this Period 157.89		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation VP, Quality Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1052.60		
		Payroll Deduction: (52.63- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C.</b> Wanda Meade		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 15939 Lone Oak Dr		Transaction ID: 70112.C1012	
City State Zip Code Catlettsburg KY 41129-9290	Amount of Each Receipt this Period 173.07		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Management Service	Occupation Regional VP, KY-OH-WV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2502.38		
		Payroll Deduction: (57.69- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 20
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Kelli Montelongo		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 11380 hartrick bluff rd		Transaction ID: 70112.C1013	
City State Zip Code Temple TX 76502	Amount of Each Receipt this Period 61.05		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation Business Office Coord - N. TX		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.25		
		Payroll Deduction: (20.35- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> Nita Morris		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address PO Box 275		Transaction ID: 70112.C1014	
City State Zip Code Norman AR 71960-0275	Amount of Each Receipt this Period 88.68		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation Cont. Quality Improv. Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 353.31		
		Payroll Deduction: (29.56- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C.</b> Brenda Mosbey		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address PO Box 170		Transaction ID: 70112.C1015	
City State Zip Code Olive Hill KY 41164-0170	Amount of Each Receipt this Period 62.40		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation Minimum DataSets Specialist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 353.60		
		Payroll Deduction: (20.80- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	212.13
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 20
	<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)  
Treviva Oakley

Mailing Address 901 Camellia Rd

City State Zip Code  
Oneonta AL 35121

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

Name of Employer: Advocat Inc. Occupation: Corp Training Coord

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 389.85

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

Transaction ID: 70112.C1016

Amount of Each Receipt this Period  
77.97

Receipt

Payroll Deduction: (25.99- /Pay Period )

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

Mailing Address 7147 Riverfront Dr

City State Zip Code  
Nashville TN 37221

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

Name of Employer: Diversicare Management Service Occupation: VP, Corporate Compliance & Ris

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3291.54

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

Transaction ID: 70112.C1017

Amount of Each Receipt this Period  
124.98

Receipt

Payroll Deduction: (41.66- /Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Larry Roberson

Mailing Address 805 Merritt Dr

City State Zip Code  
Lockhart TX 78644-3335

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.80

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

Transaction ID: 61205.C836

Amount of Each Receipt this Period  
80.76

Receipt

Payroll Deduction: (26.92- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	283.71
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 20
	<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

Full Name (Last, First, Middle Initial) <b>A. Susan Shires</b>		Date of Receipt MM / DD / YYYY 12 / 01 / 2006
Mailing Address 108 Clearlake Dr E		<b>Transaction ID:</b> 70112.C1020
City Nashville	State TN	Zip Code 37217-4604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 96.00
Name of Employer Advocat Inc.	Occupation Director, Payroll	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 541.54	Payroll Deduction: (32.00- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B. Donald Smith</b>		Date of Receipt MM / DD / YYYY 12 / 01 / 2006
Mailing Address 3217 Nolen Ln		<b>Transaction ID:</b> 70112.C1021
City Franklin	State TN	Zip Code 37064-6222
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 92.97
Name of Employer Advocat Inc.	Occupation Programmer	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 519.69	Payroll Deduction: (30.99- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C. Kenneth Smith</b>		Date of Receipt MM / DD / YYYY 12 / 01 / 2006
Mailing Address 4909 Walnut Hills Dr		<b>Transaction ID:</b> 70112.C1022
City Louisville	State KY	Zip Code 40299-1044
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 114.00
Name of Employer Advocat Inc.	Occupation Reg Director, HR	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.00	Payroll Deduction: (38.00- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	302.97
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 20
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Anna Sorrell		Date of Receipt MM / DD / YYYY 12 / 01 / 2006
Mailing Address 3519 Wolf Creek Rd		<b>Transaction ID:</b> 70112.C1023
City Huntington	State WV	Zip Code 25704-9175
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 91.41
Name of Employer Advocat Inc.	Occupation Business Office Coord - KY Reg	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.76	Payroll Deduction: (30.47- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B.</b> Kathie Sullivan		Date of Receipt MM / DD / YYYY 12 / 01 / 2006
Mailing Address 2469 AR 115		<b>Transaction ID:</b> 70112.C1024
City Smithville	State AR	Zip Code 72466
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.49
Name of Employer Advocat Inc.	Occupation Cont. Quality Improv. Director	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 473.11	Payroll Deduction: (27.83- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C.</b> Liese Thornton		Date of Receipt MM / DD / YYYY 12 / 01 / 2006
Mailing Address 2149 west hwy 84		<b>Transaction ID:</b> 70112.C1025
City Amity	State AR	Zip Code 71921
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 51.21
Name of Employer Advocat Inc.	Occupation AR Marketing	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.12	Payroll Deduction: (17.07- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	226.11
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 20
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Jennifer Threatt		Date of Receipt MM / DD / YYYY 12 / 07 / 2006
Mailing Address 580 Link Rd		Transaction ID: 70112.C932
City Dover	State TN	Zip Code 37058-5931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.46
Name of Employer Diversicare Leasing Corp	Occupation Director of Nursing - Manor Ho	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.44	Payroll Deduction: (18.46- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B.</b> E Kim Tirronen		Date of Receipt MM / DD / YYYY 12 / 01 / 2006
Mailing Address 16701 Richloam Ln		Transaction ID: 70112.C1026
City Spring Hill	State FL	Zip Code 34610-1657
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 107.10
Name of Employer Advocat Inc.	Occupation Resident Assesment Instru. Dir	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 601.42	Payroll Deduction: (35.70- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C.</b> Kimberly Toney		Date of Receipt MM / DD / YYYY 12 / 01 / 2006
Mailing Address 139 Lock Ln		Transaction ID: 70112.C1027
City Alum Creek	State WV	Zip Code 25003-9066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 88.26
Name of Employer Advocat Inc.	Occupation Administrator - Boone Nursing	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 487.83	Payroll Deduction: (29.42- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	213.82
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 20
	<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)  
Roger Walls

Mailing Address PO Box 572

City State Zip Code  
Falkville AL 35622

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

Name of Employer: Advocat Inc. Occupation: Business Office Coord - AL Reg

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 351.25

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

Transaction ID: 70112.C1030

Amount of Each Receipt this Period  
75.00

Receipt

Payroll Deduction: (25.00- /Pay Period )

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

Mailing Address 21 Cottonwood Ln

City State Zip Code  
Dyersburg TN 38024-6548

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

Name of Employer: Advocat Inc. Occupation: VP, Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 846.20

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

Transaction ID: 70112.C1031

Amount of Each Receipt this Period  
126.93

Receipt

Payroll Deduction: (42.31- /Pay Period )

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

Mailing Address 408 Stable Dr

City State Zip Code  
Franklin TN 37069-4167

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

Name of Employer: Advocat Inc. Occupation: VP Fin & Controll

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 958.17

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

Transaction ID: 70112.C1032

Amount of Each Receipt this Period  
151.29

Receipt

Payroll Deduction: (50.43- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>353.22</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 20
	<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

Full Name (Last, First, Middle Initial) <b>A. Charles Wheeler</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address PO Box 32144		<b>Transaction ID: 70112.C930</b>	
City Knoxville	State TN	Zip Code 37930-2144	Amount of Each Receipt this Period 68.38
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Briarcliff Hea		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.85		
		Payroll Deduction: (34.19- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Chyra Worthington</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 1723 Royal Oaks Dr		<b>Transaction ID: 70112.C926</b>	
City Malvern	State AR	Zip Code 72104-5752	Amount of Each Receipt this Period 48.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Sheridan		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.56		
		Payroll Deduction: (24.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Samuel Wright</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 7863 Highway 828		<b>Transaction ID: 70112.C936</b>	
City Louisa	State KY	Zip Code 41230-5525	Amount of Each Receipt this Period 61.54
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Carter Nursing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.25		
		Payroll Deduction: (30.77- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	177.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	3634.31