

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Advocat Inc. Political Action Committee

ADDRESS (number and street) 1621 Galleria Blvd
 Check if different than previously reported. (ACC)
Brentwood TN 37027

2. **FEC IDENTIFICATION NUMBER** C00421735
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2007 through 12 31 2007

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 02 20 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Advocat Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		9934.21
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	12157.02									
(c) Total Receipts (from Line 19)	28882.51	59413.01								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41039.53	69347.22								
7. Total Disbursements (from Line 31)	35000.00	63307.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6039.53	6039.53								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Advocat Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	28482.04	56824.83
(i) Itemized (use Schedule A)	400.47	2588.18
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	28882.51	59413.01
(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)	28882.51	59413.01
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))	28882.51	59413.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28882.51	59413.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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.....	30500.00	58750.00
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	57.69
(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	57.69
29. Other Disbursements.....	4500.00	4500.00
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))..	35000.00	63307.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35000.00	63307.69

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)	28882.51	59413.01
34. Total Contribution Refunds (from Line 28(d))	0.00	57.69
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28882.51	59355.32
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 / 47
(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)
Benita Adkins

Mailing Address Rt 557

City State Zip Code
Sandy Hook KY 41171

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

Name of Employer Occupation
Diversicare Leasing Corp Administrator - Elliot Nursing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 368.90

Date of Receipt
MM / DD / YYYY
07 / 03 / 2007

Transaction ID: 70925.C2824

Amount of Each Receipt this Period
26.35

Receipt

Payroll Deduction: (26.35- /Pay Period)

B.

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

Mailing Address Rt 557

City State Zip Code
Sandy Hook KY 41171

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

Name of Employer Occupation
Diversicare Leasing Corp Administrator - Elliot Nursing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 697.70

Date of Receipt
MM / DD / YYYY
07 / 18 / 2007

Transaction ID: 70725.C1935

Amount of Each Receipt this Period
328.80

Receipt

Payroll Deduction: (27.40- /Pay Period)

C.

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

Mailing Address 276 Doe Run Blvd

City State Zip Code
Clinton TN 37716

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

Name of Employer Occupation
Advocat Inc. Coordinator - Clinical Special

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 241.40

Date of Receipt
MM / DD / YYYY
07 / 13 / 2007

Transaction ID: 70725.C1889

Amount of Each Receipt this Period
103.86

Receipt

Payroll Deduction: (11.54- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **459.01**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 47
(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) Connie Ayers</p> <p>Mailing Address 276 Doe Run Blvd</p> <p>City State Zip Code Clinton TN 37716</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Advocat Inc. Occupation: Coordinator - Clinical Special</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 289.40</p>	<p>Date of Receipt <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Transaction ID: 80103.C3060</p> <p>Amount of Each Receipt this Period 48.00</p> <p>Receipt</p> <p>Payroll Deduction: (12.00- /Pay Period)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	6	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	6	/	2	0	0	7												

<p>B. Full Name (Last, First, Middle Initial) David Barker</p> <p>Mailing Address 12 Lakeview Ln</p> <p>City State Zip Code Cabot AR 72023-9117</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Diversicare Management Service Occupation: Regional VP, AR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1108.36</p>	<p>Date of Receipt <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Transaction ID: 70725.C1890</p> <p>Amount of Each Receipt this Period 453.42</p> <p>Receipt</p> <p>Payroll Deduction: (50.38- /Pay Period)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	1	3	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7	/	1	3	/	2	0	0	7												

<p>C. Full Name (Last, First, Middle Initial) David Barker</p> <p>Mailing Address 12 Lakeview Ln</p> <p>City State Zip Code Cabot AR 72023-9117</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Diversicare Management Service Occupation: Regional VP, AR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1317.96</p>	<p>Date of Receipt <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Transaction ID: 80103.C3061</p> <p>Amount of Each Receipt this Period 209.60</p> <p>Receipt</p> <p>Payroll Deduction: (52.40- /Pay Period)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	6	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	6	/	2	0	0	7												

SUBTOTAL of Receipts This Page (optional)	711.02
TOTAL This Period (last page this line 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 / 47
(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)
 April Bateman
 Mailing Address 3948 Highway 358
 City State Zip Code
 Paragould AR 72450-9690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corp Administrator - Walnut Ridge
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 411.52
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 9 / 2 0 0 7
Transaction ID: 70925.C2618
 Amount of Each Receipt this Period
 161.52
 Receipt
 Payroll Deduction: (26.92- /Pay Period)

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- Executive Director, AL & TN
 rvice
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 969.67
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 1 3 / 2 0 0 7
Transaction ID: 70725.C1891
 Amount of Each Receipt this Period
 506.22
 Receipt
 Payroll Deduction: (38.94- /Pay Period)

C. Full Name (Last, First, Middle Initial)
 Bobbie Bice
 Mailing Address 1310 Dove Ln
 City State Zip Code
 Lockhart TX 78644-2459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corp Dir of Nursing - Chisolm
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 661.83
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 1 1 / 2 0 0 7
Transaction ID: 70725.C1887
 Amount of Each Receipt this Period
 339.95
 Receipt
 Payroll Deduction: (26.15- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 1007.69
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 47
	<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)
Elizabeth Carroll

Mailing Address 5024 Inglewood Ct

City Nashville State TN Zip Code 37216-1424

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

Name of Employer Diversicare Leasing Corp Occupation Administrator - Mayfield Rehab

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 394.52

Date of Receipt 07 / 03 / 2007

Transaction ID: 70925.C2827

Amount of Each Receipt this Period 28.18

Receipt

Payroll Deduction: (28.18- /Pay Period)

B.

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

Mailing Address 5024 Inglewood Ct

City Nashville State TN Zip Code 37216-1424

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

Name of Employer Diversicare Leasing Corp Occupation Administrator - Mayfield Rehab

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 716.93

Date of Receipt 07 / 18 / 2007

Transaction ID: 70725.C1938

Amount of Each Receipt this Period 322.41

Receipt

Payroll Deduction: (29.31- /Pay Period)

C.

Full Name (Last, First, Middle Initial)
Tavye Carter

Mailing Address 7509 Old Nashville Hwy

City Murfressbor State TN Zip Code 37129

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

Name of Employer Advocat Occupation Senior Financial Analsys

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 859.11

Date of Receipt 07 / 13 / 2007

Transaction ID: 70725.C1892

Amount of Each Receipt this Period 327.28

Receipt

Payroll Deduction: (40.91- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **677.87**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 47
(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)
Maryann Cook

Mailing Address 155 E Foster Ct

City State Zip Code
Lecanto FL 34461-8107

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

Name of Employer: Advocat Inc. Occupation: FL Regional VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1079.31

Date of Receipt: 07 / 13 / 2007
Transaction ID: 70725.C1893
 Amount of Each Receipt this Period: 451.80
 Receipt
 Payroll Deduction: (50.20- /Pay Period)

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. **C**

Name of Employer: Advocat Inc. Occupation: FL Regional VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1287.79

Date of Receipt: 11 / 16 / 2007
Transaction ID: 80103.C3063
 Amount of Each Receipt this Period: 208.48
 Receipt
 Payroll Deduction: (52.12- /Pay Period)

C.

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

Mailing Address 9533 Thoroughbred Way

City State Zip Code
Brentwood TN 37027

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

Name of Employer: Advocat Occupation: CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4807.75

Date of Receipt: 07 / 13 / 2007
Transaction ID: 70725.C1894
 Amount of Each Receipt this Period: 2307.72
 Receipt
 Payroll Deduction: (192.3- 1/Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **2968.00**

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 11 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <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

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

Name of Employer: Advocat Occupation: CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY
 12 / 28 / 2007

Transaction ID: 80207.C3895

Amount of Each Receipt this Period: 192.25

Receipt

Payroll Deduction: (192.2-5/Pay Period)

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. **C**

Name of Employer: Diversicare Leasing Corp Occupation: Administrator - Newport

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.50

Date of Receipt: MM / DD / YYYY
 07 / 03 / 2007

Transaction ID: 70925.C2816

Amount of Each Receipt this Period: 25.75

Receipt

Payroll Deduction: (25.75-/Pay Period)

C. 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. **C**

Name of Employer: Diversicare Leasing Corp Occupation: Administrator - Newport

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.06

Date of Receipt: MM / DD / YYYY
 07 / 18 / 2007

Transaction ID: 70725.C1928

Amount of Each Receipt this Period: 79.56

Receipt

Payroll Deduction: (26.52-/Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **297.56**

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

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

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

FOR LINE NUMBER: PAGE 12 / 47
(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)
Pam Diggs
Mailing Address 1122 Oakmeadow
City Paragould State AR Zip Code 72450
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Administrator - Newport
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 687.56
Date of Receipt 08 / 29 / 2007
Transaction ID: 70925.C2621
Amount of Each Receipt this Period 247.50
Receipt
Payroll Deduction: (27.50- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Peggy Everman
Mailing Address PO Box 820
City Grayson State KY Zip Code 41143-0820
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Director of Nursing - Wurtland
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00
Date of Receipt 07 / 03 / 2007
Transaction ID: 70925.C2829
Amount of Each Receipt this Period 24.00
Receipt
Payroll Deduction: (24.00- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Peggy Everman
Mailing Address PO Box 820
City Grayson State KY Zip Code 41143-0820
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Director of Nursing - Wurtland
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 632.64
Date of Receipt 07 / 18 / 2007
Transaction ID: 70725.C1940
Amount of Each Receipt this Period 296.64
Receipt
Payroll Deduction: (24.72- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶ **568.14**
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 47
(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)
Marilyn Files

Mailing Address 710 Chester St

City State Zip Code
Des Arc AR 72040-9306

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

Name of Employer Occupation
Diversicare Leasing Corp Administrator - Des Arc

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 374.92

Date of Receipt
MM / DD / YYYY
07 / 03 / 2007

Transaction ID: 70925.C2821

Amount of Each Receipt this Period
26.78

Receipt

Payroll Deduction: (26.78- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
Marilyn Files

Mailing Address 710 Chester St

City State Zip Code
Des Arc AR 72040-9306

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

Name of Employer Occupation
Diversicare Leasing Corp Administrator - Des Arc

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 709.12

Date of Receipt
MM / DD / YYYY
07 / 18 / 2007

Transaction ID: 70725.C1932

Amount of Each Receipt this Period
334.20

Receipt

Payroll Deduction: (27.85- /Pay Period)

C.

Full Name (Last, First, Middle Initial)
Samantha Gibson

Mailing Address 331 Fire Field Rd

City State Zip Code
New Braunfels TX 78130-8217

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 659.75

Date of Receipt
MM / DD / YYYY
07 / 11 / 2007

Transaction ID: 70725.C1886

Amount of Each Receipt this Period
334.75

Receipt

Payroll Deduction: (25.75- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶ **695.73**

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 14 / 47

(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 Director of Nursing - Walnut R

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.14

Date of Receipt

M M / D D / Y Y Y Y
07 / 03 / 2007

Transaction ID: 70925.C2817

Amount of Each Receipt this Period

22.51

Receipt

Payroll Deduction: (22.51- /Pay Period)

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 Director of Nursing - Walnut R

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 549.34

Date of Receipt

M M / D D / Y Y Y Y
07 / 18 / 2007

Transaction ID: 70725.C1929

Amount of Each Receipt this Period

234.20

Receipt

Payroll Deduction: (23.42- /Pay Period)

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 Director of Nursing - Walnut R

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 572.56

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2007

Transaction ID: 71002.C2835

Amount of Each Receipt this Period

23.22

Receipt

Payroll Deduction: (23.22- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶

279.93

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 15 / 47
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Vicki 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 Director of Nursing - Walnut R

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 596.18

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

Transaction ID: 71114.C2907

Amount of Each Receipt this Period
23.62

Receipt

Payroll Deduction: (23.62- /Pay Period)

B.

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

Mailing Address 2005 Boxwood Dr

City State Zip Code
Franklin TN 37069-6908

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

Name of Employer Occupation
Advocat Inc. Training & Educat

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 756.55

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: 70725.C1895

Amount of Each Receipt this Period
368.76

Receipt

Payroll Deduction: (30.73- /Pay Period)

C.

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

Mailing Address 2005 Boxwood Dr

City State Zip Code
Franklin TN 37069-6908

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

Name of Employer Occupation
Advocat Inc. Training & Educat

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 788.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: 80207.C3896

Amount of Each Receipt this Period
31.65

Receipt

Payroll Deduction: (31.65- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **424.03**

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 16 / 47

(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 Hickman

Mailing Address 801 Brownstone Ct

City State Zip Code
Nolensville TN 37135-9720

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

Name of Employer Occupation
Advocat Inc. VP, Human Resources

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1628.25

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2007

Transaction ID: 70725.C1896

Amount of Each Receipt this Period
830.05

Receipt
Payroll Deduction: (63.85- /Pay Period)

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 Director of Nursing - Martin

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.22

Date of Receipt
M M / D D / Y Y Y Y
07 / 03 / 2007

Transaction ID: 70925.C2828

Amount of Each Receipt this Period
23.23

Receipt
Payroll Deduction: (23.23- /Pay Period)

C.

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

Mailing Address 377 Hutchens Rd

City State Zip Code
Martin TN 38237-5377

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 615.26

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2007

Transaction ID: 70725.C1939

Amount of Each Receipt this Period
290.04

Receipt
Payroll Deduction: (24.17- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶

1143.32

TOTAL This Period (last page this line 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 17 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Pamela Higgins	Date of Receipt MM / DD / YYYY 07 / 03 / 2007
	Mailing Address 115 Polk Road 109	Transaction ID: 70925.C2826
	City State Zip Code Mena AR 71953-8577	Amount of Each Receipt this Period 11.56
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Rich Mountain	Payroll Deduction: (11.56- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 161.84	

B.	Full Name (Last, First, Middle Initial) Pamela Higgins	Date of Receipt MM / DD / YYYY 07 / 18 / 2007
	Mailing Address 115 Polk Road 109	Transaction ID: 70725.C1937
	City State Zip Code Mena AR 71953-8577	Amount of Each Receipt this Period 12.50
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Rich Mountain	Payroll Deduction: (12.50- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 174.34	

C.	Full Name (Last, First, Middle Initial) Pamela Higgins	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 115 Polk Road 109	Transaction ID: 70925.C1954
	City State Zip Code Mena AR 71953-8577	Amount of Each Receipt this Period 144.43
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Rich Mountain	Payroll Deduction: (13.13- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 318.77	

SUBTOTAL of Receipts This Page (optional)	168.49
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: (check only one)	PAGE 18 / 47
	<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) Janice Horton	Date of Receipt MM / DD / YYYY 07 / 11 / 2007
	Mailing Address 4527 SE Highway 70	Transaction ID: 70725.C1885
	City State Zip Code Arcadia FL 34266-7787	Amount of Each Receipt this Period 372.58
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (28.66- /Pay Period)
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Hardee Manor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.86	

B.	Full Name (Last, First, Middle Initial) Robin Windham Jones	Date of Receipt MM / DD / YYYY 07 / 13 / 2007
	Mailing Address 4674 Riverbend Rd	Transaction ID: 70725.C1898
	City State Zip Code Trussville AL 35173-3506	Amount of Each Receipt this Period 173.07
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (57.69- /Pay Period)
Name of Employer Diversicare Management Service	Occupation Regional VP, AL & TN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.04	

C.	Full Name (Last, First, Middle Initial) Robin Windham Jones	Date of Receipt MM / DD / YYYY 08 / 24 / 2007
	Mailing Address 4674 Riverbend Rd	Transaction ID: 70925.C2536
	City State Zip Code Trussville AL 35173-3506	Amount of Each Receipt this Period 599.70
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (59.97- /Pay Period)
Name of Employer Diversicare Management Service	Occupation Regional VP, AL & TN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1522.74	

SUBTOTAL of Receipts This Page (optional)	1145.35
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Rory Jones	Date of Receipt MM / DD / YYYY 07 / 13 / 2007
	Mailing Address 1515 Henderson Rd	Transaction ID: 70725.C1897
	City Malvern State AR Zip Code 72104-7950	Amount of Each Receipt this Period 69.30
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Advocat Inc. Occupation AR Regional Maintenance	Payroll Deduction: (11.55- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.45	

B.	Full Name (Last, First, Middle Initial) Rory Jones	Date of Receipt MM / DD / YYYY 10 / 05 / 2007
	Mailing Address 1515 Henderson Rd	Transaction ID: 71114.C2928
	City Malvern State AR Zip Code 72104-7950	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Advocat Inc. Occupation AR Regional Maintenance	Payroll Deduction: (12.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.45	

C.	Full Name (Last, First, Middle Initial) Randi Kiphen	Date of Receipt MM / DD / YYYY 07 / 03 / 2007
	Mailing Address 10880 Gallia Pike Rd	Transaction ID: 70925.C2830
	City Wheelersburg State OH Zip Code 45694-8443	Amount of Each Receipt this Period 32.96
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Diversicare Leasing Corp Occupation Administrator - Best Care Nurs	Payroll Deduction: (32.96- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.44	

SUBTOTAL of Receipts This Page (optional)	186.26
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 47
(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 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 872.92

Date of Receipt
MM / DD / YYYY
07 / 18 / 2007

Transaction ID: 70725.C1941

Amount of Each Receipt this Period
411.48

Receipt

Payroll Deduction: (34.29- /Pay Period)

B.

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

Mailing Address 306 Cliffwood Loop

City State Zip Code
Hot Springs Natl P AR 71913-8735

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

Name of Employer Occupation
Diversicare Leasing Corp Administrator - Garland

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 514.93

Date of Receipt
MM / DD / YYYY
07 / 03 / 2007

Transaction ID: 70725.C1933

Amount of Each Receipt this Period
121.16

Receipt

Payroll Deduction: (30.29- /Pay Period)

C.

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

Mailing Address 306 Cliffwood Loop

City State Zip Code
Hot Springs Natl P AR 71913-8735

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

Name of Employer Occupation
Diversicare Leasing Corp Administrator - Garland

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 767.25

Date of Receipt
MM / DD / YYYY
08 / 29 / 2007

Transaction ID: 70925.C2626

Amount of Each Receipt this Period
252.32

Receipt

Payroll Deduction: (31.54- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **784.96**

TOTAL This Period (last page this line 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 / 47
(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)
Lorey Lowe

Mailing Address P O Box 1813

City State Zip Code
Olive Hill KY 41164

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

Name of Employer Occupat
Advocat KY Reg Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 836.94

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2007

Transaction ID: 70725.C1899

Amount of Each Receipt this Period
426.40

Receipt

Payroll Deduction: (32.80- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Deborah Mack

Mailing Address 81 walnut rd

City State Zip Code
Glenwood AR 71943

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

Name of Employer Occupat
Advocat Inc. S AR Area Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2007

Transaction ID: 70725.C1900

Amount of Each Receipt this Period
135.00

Receipt

Payroll Deduction: (15.00- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Deborah Mack

Mailing Address 81 walnut rd

City State Zip Code
Glenwood AR 71943

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

Name of Employer Occupat
Advocat Inc. S AR Area Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 391.80

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 16 / 2007

Transaction ID: 80103.C3070

Amount of Each Receipt this Period
61.80

Receipt

Payroll Deduction: (15.45- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶ **623.20**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 47
(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 Dr

City State Zip Code
Franklin TN 37069-4181

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

Name of Employer Occupation
Diversicare Management Service VP, Purchasing & Property Mana

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1304.42

Date of Receipt
MM / DD / YYYY
07 / 13 / 2007

Transaction ID: 70725.C1901

Amount of Each Receipt this Period
652.21

Receipt

Payroll Deduction: (50.17- /Pay Period)

B.

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

Mailing Address 1339 Buckingham Cir

City State Zip Code
Franklin TN 37064-5420

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

Name of Employer Occupation
Advocat Inc. VP, Quality Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1395.68

Date of Receipt
MM / DD / YYYY
07 / 13 / 2007

Transaction ID: 70725.C1902

Amount of Each Receipt this Period
711.49

Receipt

Payroll Deduction: (54.73- /Pay Period)

C.

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

Mailing Address 15939 Lone Oak Dr

City State Zip Code
Catlettsburg KY 41129-9290

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 923.04

Date of Receipt
MM / DD / YYYY
07 / 13 / 2007

Transaction ID: 70725.C1903

Amount of Each Receipt this Period
173.07

Receipt

Payroll Deduction: (57.69- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **1536.77**

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: (check only one)	PAGE 23 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <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		Date of Receipt MM / DD / YYYY 08 / 24 / 2007
	Mailing Address 15939 Lone Oak Dr		Transaction ID: 70925.C2541
	City Catlettsburg	State KY	Zip Code 41129-9290
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
	Name of Employer Diversicare Management Services	Occupation Regional VP, KY-OH-WV	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1523.04	Payroll Deduction: (60.00- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Sherri Miller		Date of Receipt MM / DD / YYYY 07 / 03 / 2007
	Mailing Address 303 Chestnut Hill Ro		Transaction ID: 70725.C1936
	City Summersville	State WV	Zip Code 26651
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 103.08
	Name of Employer Diversicare Leasing Co	Occupation Admin Administrator	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 128.85	Payroll Deduction: (25.77- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Sherri Miller		Date of Receipt MM / DD / YYYY 08 / 29 / 2007
	Mailing Address 303 Chestnut Hill Ro		Transaction ID: 70925.C2629
	City Summersville	State WV	Zip Code 26651
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 242.28
	Name of Employer Diversicare Leasing Co	Occupation Admin Administrator	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 371.13	Payroll Deduction: (26.92- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	945.36
TOTAL This Period (last page this line 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 / 47
(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)
Kelli Montelongo

Mailing Address 421 Big Timber Drive

City State Zip Code
Temple TX 76502

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

Name of Employer: Advocat Occupation: Business Office Coord - N. TX

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 537.03

Date of Receipt: 07 / 13 / 2007
Transaction ID: 70925.C1978
 Amount of Each Receipt this Period: 272.48
 Receipt
 Payroll Deduction: (20.96- /Pay Period)

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

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960

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

Name of Employer: Advocat Occupation: Cont. Quality Improv. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.32

Date of Receipt: 07 / 13 / 2007
Transaction ID: 70725.C1905
 Amount of Each Receipt this Period: 266.04
 Receipt
 Payroll Deduction: (29.56- /Pay Period)

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

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960

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

Name of Employer: Advocat Occupation: Cont. Quality Improv. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 773.40

Date of Receipt: 11 / 16 / 2007
Transaction ID: 80103.C3075
 Amount of Each Receipt this Period: 123.08
 Receipt
 Payroll Deduction: (30.77- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **661.60**

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: (check only one)	PAGE 25 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Brenda Mosbey		Date of Receipt MM / DD / YYYY 07 / 13 / 2007
	Mailing Address P O Box 170		Transaction ID: 70725.C1906
	City Olive Hill	State KY	Zip Code 41164
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 281.19
Name of Employer Advocat		Occupation Minimum DataSets Specialist	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 551.59	
			Payroll Deduction: (21.63- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Pamela Murphy		Date of Receipt MM / DD / YYYY 07 / 03 / 2007
	Mailing Address 4704 Pyburn Ext		Transaction ID: 70725.C1927
	City Pocahontas	State AR	Zip Code 72455-1322
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer Diversicare Leasing Corp		Occupation Administrator - Pocahontas Hea	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	
			Payroll Deduction: (10.00- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Treieva Oakley		Date of Receipt MM / DD / YYYY 07 / 13 / 2007
	Mailing Address 901 Camellia Rd		Transaction ID: 70725.C1907
	City Oneonta	State AL	Zip Code 35121
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 348.01
Name of Employer Advocat Inc.		Occupation Corp Training Coord	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 685.88	
			Payroll Deduction: (26.77- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	759.20
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 26 / 47
(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)
Diane Patterson
Mailing Address 310 Welchwood Dr
City Clarksville State TN Zip Code 37040-6739
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Administrator - Manor House
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 175.00
Date of Receipt 07 / 03 / 2007
Transaction ID: 70925.C2819
Amount of Each Receipt this Period 12.50
Receipt
Payroll Deduction: (12.50- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Diane Patterson
Mailing Address 310 Welchwood Dr
City Clarksville State TN Zip Code 37040-6739
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corp Occupation Administrator - Manor House
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 329.56
Date of Receipt 07 / 18 / 2007
Transaction ID: 70725.C1930
Amount of Each Receipt this Period 154.56
Receipt
Payroll Deduction: (12.88- /Pay Period)

C. Full Name (Last, First, Middle Initial)
Terena Raidt
Mailing Address 7233 Althorp Way #S10
City Nashville State TN Zip Code 37211
FEC ID number of contributing federal political committee. **C**
Name of Employer Advocat Occupation VP of Marketing
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 306.31
Date of Receipt 07 / 13 / 2007
Transaction ID: 70725.C1908
Amount of Each Receipt this Period 264.00
Receipt
Payroll Deduction: (44.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶ **431.06**
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 27 / 47
(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)
Robert Rice

Mailing Address 7147 Riverfront Dr

City Nashville State TN Zip Code 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 1104.87

Date of Receipt 07 / 13 / 2007

Transaction ID: 70725.C1909

Amount of Each Receipt this Period 563.29

Receipt

Payroll Deduction: (43.33- /Pay Period)

B.

Full Name (Last, First, Middle Initial)
Glynn Riddle

Mailing Address 1203 Signature Ct

City Franklin State TN Zip Code 37064-9663

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

Name of Employer Advocat Inc. Occupation Executive VP & CFO

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 3846.20

Date of Receipt 09 / 21 / 2007

Transaction ID: 70925.C2665

Amount of Each Receipt this Period 1538.48

Receipt

Payroll Deduction: (192.3- 1/Pay Period)

C.

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

Mailing Address 1203 Signature Court

City Franklin State TN Zip Code 37064

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

Name of Employer Advocat Occupation CFO,EVP, Secretary

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 1153.86

Date of Receipt 07 / 13 / 2007

Transaction ID: 70725.C1911

Amount of Each Receipt this Period 961.55

Receipt

Payroll Deduction: (192.3- 1/Pay Period)

SUBTOTAL of Receipts This Page (optional) **3063.32**

TOTAL This Period (last page this line 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 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Larry Roberson</p> <p>Mailing Address 805 Merritt Dr</p> <p>City State Zip Code Lockhart TX 78644-3335</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Diversicare Leasing Corp Administrator - Chisolm Trail</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 711.26</p>	<p>Date of Receipt 07 / 11 / 2007</p> <p>Transaction ID: 70725.C1888</p> <p>Amount of Each Receipt this Period 360.49</p> <p>Receipt</p> <p>Payroll Deduction: (27.73- /Pay Period)</p>
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<p>B. Full Name (Last, First, Middle Initial) Jessica Robison</p> <p>Mailing Address P O Box 991</p> <p>City State Zip Code Cabot AR 72023</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Advocat Minimum DataSets Specialist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 320.32</p>	<p>Date of Receipt 07 / 13 / 2007</p> <p>Transaction ID: 70725.C1912</p> <p>Amount of Each Receipt this Period 164.06</p> <p>Receipt</p> <p>Payroll Deduction: (12.62- /Pay Period)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Marlies Sarrett</p> <p>Mailing Address 3450 East Lake Drive</p> <p>City State Zip Code Land O Lakes FL 34639</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Advocat Florida CQI</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 423.92</p>	<p>Date of Receipt 07 / 13 / 2007</p> <p>Transaction ID: 70725.C1913</p> <p>Amount of Each Receipt this Period 363.36</p> <p>Receipt</p> <p>Payroll Deduction: (30.28- /Pay Period)</p>
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SUBTOTAL of Receipts This Page (optional)	887.91
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 / 47
(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

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

Name of Employer: Advocat Occupation: Florida CQI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.84

Date of Receipt: MM / DD / YYYY
12 / 28 / 2007

Transaction ID: 80207.C3914

Amount of Each Receipt this Period: 31.92

Receipt

Payroll Deduction: (31.92- /Pay Period)

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

Mailing Address 4909 Walnut Hills Dr

City State Zip Code
Louisville KY 40299-1044

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

Name of Employer: Advocat Inc. Occupation: Reg Director, HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 969.44

Date of Receipt: MM / DD / YYYY
07 / 13 / 2007

Transaction ID: 70725.C1914

Amount of Each Receipt this Period: 475.44

Receipt

Payroll Deduction: (39.62- /Pay Period)

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

Mailing Address 4909 Walnut Hills Dr

City State Zip Code
Louisville KY 40299-1044

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

Name of Employer: Advocat Inc. Occupation: Reg Director, HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1010.64

Date of Receipt: MM / DD / YYYY
12 / 28 / 2007

Transaction ID: 80207.C3915

Amount of Each Receipt this Period: 41.20

Receipt

Payroll Deduction: (41.20- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **548.56**

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 30 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <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) Anna Sorrell		Date of Receipt MM / DD / YYYY 07 / 13 / 2007
	Mailing Address 3519 Wolf Creek Rd		Transaction ID: 70725.C1915
	City Huntington	State WV	Zip Code 25704-9175
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.47
	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 ▼ 426.58	Payroll Deduction: (30.47- /Pay Period)
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B.	Full Name (Last, First, Middle Initial) Anna Sorrell		Date of Receipt MM / DD / YYYY 07 / 27 / 2007
	Mailing Address 3519 Wolf Creek Rd		Transaction ID: 70925.C2470
	City Huntington	State WV	Zip Code 25704-9175
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.00
	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 ▼ 810.58	Payroll Deduction: (32.00- /Pay Period)
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C.	Full Name (Last, First, Middle Initial) Linda Stratton		Date of Receipt MM / DD / YYYY 07 / 13 / 2007
	Mailing Address 713 Meeting Street		Transaction ID: 70725.C1916
	City Franklin	State TN	Zip Code 37064
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 607.88
	Name of Employer Advocat	Occupation VP of Therapy Services	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 654.64	Payroll Deduction: (46.76- /Pay Period)
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SUBTOTAL of Receipts This Page (optional)	▶	1022.35
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kathie Sullivan		Date of Receipt MM / DD / YYYY 07 / 13 / 2007
	Mailing Address 2469 AR 115		Transaction ID: 70725.C1917
	City Smithville	State AR	Zip Code 72466
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.47
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 ▼ 612.26	
			Payroll Deduction: (27.83- /Pay Period)

B.	Full Name (Last, First, Middle Initial) Kathie Sullivan		Date of Receipt MM / DD / YYYY 11 / 16 / 2007
	Mailing Address 2469 AR 115		Transaction ID: 80103.C3087
	City Smithville	State AR	Zip Code 72466
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 118.12
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 ▼ 730.38	
			Payroll Deduction: (29.53- /Pay Period)

C.	Full Name (Last, First, Middle Initial) Liese Thornton		Date of Receipt MM / DD / YYYY 07 / 13 / 2007
	Mailing Address 2149 west hwy 84		Transaction ID: 70725.C1918
	City Amity	State AR	Zip Code 71921
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 228.54
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 ▼ 450.45	
			Payroll Deduction: (17.58- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	597.13
TOTAL This Period (last page this line 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 32 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <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	Date of Receipt MM / DD / YYYY 07 / 13 / 2007
	Mailing Address 16701 Richloam Ln	Transaction ID: 70725.C1919
	City State Zip Code Spring Hill FL 34610-1657	Amount of Each Receipt this Period 480.35
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Advocat Inc.	Occupation Resident Assesment Instru. Dir	Payroll Deduction: (36.95- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 944.45	

B.	Full Name (Last, First, Middle Initial) Kimberly Toney	Date of Receipt MM / DD / YYYY 07 / 03 / 2007
	Mailing Address 139 Lock Ln	Transaction ID: 70925.C2820
	City State Zip Code Alum Creek WV 25003-9066	Amount of Each Receipt this Period 29.42
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Advocat Inc.	Occupation Administrator - Boone Nursing	Payroll Deduction: (29.42- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 411.88	

C.	Full Name (Last, First, Middle Initial) Kimberly Toney	Date of Receipt MM / DD / YYYY 07 / 18 / 2007
	Mailing Address 139 Lock Ln	Transaction ID: 70725.C1931
	City State Zip Code Alum Creek WV 25003-9066	Amount of Each Receipt this Period 370.68
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Advocat Inc.	Occupation Administrator - Boone Nursing	Payroll Deduction: (30.89- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 782.56	

SUBTOTAL of Receipts This Page (optional)	880.45
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <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) Ann Trimble	Date of Receipt MM / DD / YYYY 07 / 13 / 2007
	Mailing Address 5174 Danbury Court	Transaction ID: 70725.C1920
	City State Zip Code Rockvale TN 37153	Amount of Each Receipt this Period 379.08
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (31.59- /Pay Period)
Name of Employer Advocat	Occupation AR Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.67	

B.	Full Name (Last, First, Middle Initial) Ann Trimble	Date of Receipt MM / DD / YYYY 12 / 28 / 2007
	Mailing Address 5174 Danbury Court	Transaction ID: 80207.C3921
	City State Zip Code Rockvale TN 37153	Amount of Each Receipt this Period 33.17
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (33.17- /Pay Period)
Name of Employer Advocat	Occupation AR Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 443.84	

C.	Full Name (Last, First, Middle Initial) Raymond Tyler	Date of Receipt MM / DD / YYYY 07 / 13 / 2007
	Mailing Address 1400 Vintage Circle	Transaction ID: 70725.C1922
	City State Zip Code Franklin TN 37064-9697	Amount of Each Receipt this Period 2307.72
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (192.3- 1/Pay Period)
Name of Employer Advocat Inc.	Occupation Executive VP & COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4807.75	

SUBTOTAL of Receipts This Page (optional)	2719.97
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 47

(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)
Raymond Tyler

Mailing Address 1400 Vintage Circle

City State Zip Code
Franklin TN 37064-9697

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

Name of Employer Occupation
Advocat Inc. Executive VP & COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: 80207.C3923

Amount of Each Receipt this Period

192.25

Receipt

Payroll Deduction: (192.2-5/Pay Period)

B.

Full Name (Last, First, Middle Initial)
Roger Walls

Mailing Address P O Box 572

City State Zip Code
Falkville AL 35622

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

Name of Employer Occupation
Advocat Business Office Coord - AL Reg

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

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: 70725.C1923

Amount of Each Receipt this Period

300.00

Receipt

Payroll Deduction: (25.00-/Pay Period)

C.

Full Name (Last, First, Middle Initial)
Roger Walls

Mailing Address P O Box 572

City State Zip Code
Falkville AL 35622

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

Name of Employer Occupation
Advocat Business Office Coord - AL Reg

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 652.31

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: 80207.C3924

Amount of Each Receipt this Period

27.31

Receipt

Payroll Deduction: (27.31-/Pay Period)

SUBTOTAL of Receipts This Page (optional)

519.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 47
(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)
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 ▼ 815.72

Date of Receipt: 09 / 21 / 2007

Transaction ID: 70925.C2662

Amount of Each Receipt this Period: 308.00

Receipt

Payroll Deduction: (44.00- /Pay Period)

B.

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

Mailing Address 376 Sandcastle Road

City State Zip Code
Franklin TN 37069

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

Name of Employer: Advocat Occupation: VP Fin & Controll

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1337.44

Date of Receipt: 07 / 13 / 2007

Transaction ID: 70725.C1924

Amount of Each Receipt this Period: 681.85

Receipt

Payroll Deduction: (52.45- /Pay Period)

C.

Full Name (Last, First, Middle Initial)
Charles Wheeler

Mailing Address PO Box 32144

City State Zip Code
Knoxville TN 37930-2144

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

Name of Employer: Diversicare Leasing Corp Occupation: Administrator - Briarcliff Hea

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 478.66

Date of Receipt: 07 / 03 / 2007

Transaction ID: 70925.C2818

Amount of Each Receipt this Period: 34.19

Receipt

Payroll Deduction: (34.19- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► **1024.04**

TOTAL This Period (last page this line 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 / 47
(check only one)

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

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

A.

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

Mailing Address 1723 Royal Oaks Dr

City Malvern State AR Zip Code 72104-5752

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

Name of Employer Diversicare Leasing Corp Occupation Administrator - Sheridan

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 07 / 03 / 2007

Transaction ID: 70725.C1926

Amount of Each Receipt this Period 48.00

Receipt

Payroll Deduction: (24.00- /Pay Period)

B.

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

Mailing Address 1723 Royal Oaks Dr

City Malvern State AR Zip Code 72104-5752

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

Name of Employer Diversicare Leasing Corp Occupation Administrator - Sheridan

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 645.12

Date of Receipt 08 / 01 / 2007

Transaction ID: 70925.C1943

Amount of Each Receipt this Period 285.12

Receipt

Payroll Deduction: (25.92- /Pay Period)

C.

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

Mailing Address 7863 Highway 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 Administrator - Carter Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 523.09

Date of Receipt 07 / 03 / 2007

Transaction ID: 70725.C1934

Amount of Each Receipt this Period 123.08

Receipt

Payroll Deduction: (30.77- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 456.20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 37 / 47	
	(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"/> 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		Date of Receipt
	Mailing Address 7863 Highway 828		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Louisa	KY	41230-5525
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	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 ▼ <input type="text" value="811.09"/>	Transaction ID: 70925.C2627 Amount of Each Receipt this Period <input type="text" value="288.00"/> Receipt Payroll Deduction: (32.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="288.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="28482.04"/>

**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 38 / 47

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

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

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

A. Full Name (Last, First, Middle Initial) Citizens for Altmire <hr/> Mailing Address P.O. Box 1776 <hr/> City Freedom State PA Zip Code 15042- <hr/> Purpose of Disbursement PA-04 US HOUSE <hr/> Candidate Name JASON ALTMIRE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71114.E105 Date of Disbursement 10 / 22 / 2007 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> PA-04 US HOUSE		
	B. Full Name (Last, First, Middle Initial) AMERIPAC <hr/> Mailing Address 499 S Capitol St SW <hr/> City Washington State DC Zip Code 20003-4047 <hr/> Purpose of Disbursement 10/15/07 EVENT; PAC TO PAC <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 71002.E100 Date of Disbursement 10 / 15 / 2007 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> 10/15/07 EVENT; PAC TO PAC	
		C. Full Name (Last, First, Middle Initial) Glacier PAC <hr/> Mailing Address 236 Massachusetts Avenue, BE, Ste <hr/> City Washington State DC Zip Code 20002- <hr/> Purpose of Disbursement 11/7/07 EVENT <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 71114.E114 Date of Disbursement 11 / 07 / 2007 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> 11/7/07 EVENT

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)

PAGE 39 / 47

<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) Friends of Max Baucus <hr/> Mailing Address 818 Connecticut Avenue NW Ste. 110 <hr/> City Washington State DC Zip Code 20006- <hr/> Purpose of Disbursement 11/7/07 EVENT; MT US SENATE <hr/> Candidate Name MAX BAUCUS <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/ Type	Transaction ID: 71114.E113 Date of Disbursement 11 / 07 / 2007 <hr/> Amount of Each Disbursement this Period 4500.00 <hr/> 11/7/07 EVENT; MT US SENA- TE
B.	Full Name (Last, First, Middle Initial) Robert Daskas for Congress <hr/> Mailing Address 1001 G Street, NW <hr/> City Washington State DC Zip Code 20001- <hr/> Purpose of Disbursement 12/5/07 EVENT; NV-03 US HOUSE <hr/> Candidate Name ROBERT JAMES DASKAS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/ Type	Transaction ID: 80103.E120 Date of Disbursement 11 / 29 / 2007 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 12/5/07 EVENT; NV-03 US HOUSE
C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Cmte. <hr/> Mailing Address 430 South Capitol Street SE; 2nd F <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement 10/29/07 EVENT; PAC TO PPC <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ <hr/> Other <hr/> Category/ Type	Transaction ID: 71114.E107 Date of Disbursement 10 / 29 / 2007 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> 10/29/07 EVENT; PAC TO PPC

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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)

<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) Gillibrand for Congress</p> <p>Mailing Address P.O. Box 15734</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement NY-20 US HOUSE</p> <p>Candidate Name KIRSTEN E GILLIBRAND</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71114.E104 Date of Disbursement: 10 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>NY-20 US HOUSE</p>
<p>B. Full Name (Last, First, Middle Initial) ORRINPAC</p> <p>Mailing Address PO Box 1480</p> <p>City Washington State DC Zip Code 20013-1480</p> <p>Purpose of Disbursement 9/18/07 EVENT; UT US SENATE</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: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71002.E97 Date of Disbursement: 09 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>9/18/07 EVENT; UT US SENATE</p>
<p>C. Full Name (Last, First, Middle Initial) Kind For Congress Committee</p> <p>Mailing Address 38 Ivy Street, SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement 7/25/07 EVENT; WI-03 US HOUSE</p> <p>Candidate Name RON KIND</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 70725.E94 Date of Disbursement: 07 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>7/25/07 EVENT; WI-03 US HOUSE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 41 / 47

<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) Larson For Congress</p> <p>Mailing Address 200 East Jefferson Street</p> <p>City Falls Church State VA Zip Code 22046-</p> <p>Purpose of Disbursement 12/12/07 EVENT; CT-01 US HOUSE</p> <p>Candidate Name JOHN B LARSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80103.E121 Date of Disbursement 12 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>12/12/07 EVENT; CT-01 US HOUSE</p>
<p>B. Full Name (Last, First, Middle Initial) Time Mahoney for Florida</p> <p>Mailing Address 4114 Northlake Blvd Ste 300</p> <p>City Palm Beach Gardens State FL Zip Code 33410-</p> <p>Purpose of Disbursement FL-16 US HOUSE</p> <p>Candidate Name TIMOTHY EDWARD MAHONEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71114.E102 Date of Disbursement 10 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>FL-16 US HOUSE</p>
<p>C. Full Name (Last, First, Middle Initial) National Leadership PAC</p> <p>Mailing Address P.O. Box 5577</p> <p>City New York State NY Zip Code 10027-</p> <p>Purpose of Disbursement 10/29/07 EVENT; NY-15 US HOUSE</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: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71114.E108 Date of Disbursement 10 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>10/29/07 EVENT; NY-15 US HOUSE</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)

<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) Pallone for Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740-3176</p> <p>Purpose of Disbursement 7/17/07 EVENT; NJ-06 US HOUSE</p> <p>Candidate Name FRANK PALLONE, JR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 70725.E93 Date of Disbursement 07 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>7/17/07 EVENT; NJ-06 US HOUSE</p>
<p>B. 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 ND-AT LARGE US HOUSE</p> <p>Candidate Name EARL RALPH POMEROY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80103.E118 Date of Disbursement 11 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>ND-AT LARGE US HOUSE</p>
<p>C. Full Name (Last, First, Middle Initial) Rangel for Congress</p> <p>Mailing Address PO Box 5577, Manhattanville Statio</p> <p>City New York State NY Zip Code 10027-</p> <p>Purpose of Disbursement 10/29/07 EVENT; NY-15 US HOUSE</p> <p>Candidate Name CHARLES B RANGEL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71114.E106 Date of Disbursement 10 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>10/29/07 EVENT; NY-15 US HOUSE</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)

<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 For Harry Reid</p> <p>Mailing Address 426 C Street, NE, Rear Building</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement 10/25/07 EVENT NY US SENATE</p> <p>Candidate Name HARRY REID</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71114.E111 Date of Disbursement 10 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>10/25/07 EVENT NY US SENATE</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Jay Rockefeller</p> <p>Mailing Address PO Box 1909</p> <p>City Charleston State WV Zip Code 25327-</p> <p>Purpose of Disbursement 8/21/07 EVENT; WV US SENATE</p> <p>Candidate Name JOHN DAVISON ROCKEFELLER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 70925.E95 Date of Disbursement 08 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>8/21/07 EVENT; WV US SENATE</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Gordon Smith</p> <p>Mailing Address 900 19th Street, NW, 8th Floor</p> <p>City Washington State DC Zip Code 20006-</p> <p>Purpose of Disbursement 10/23/07 EVENT; OR US SENATE</p> <p>Candidate Name GORDON HAROLD SMITH</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71114.E110 Date of Disbursement 10 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>10/23/07 EVENT; OR US SENATE</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)

<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) Stabenow for U.S. Senate</p> <p>Mailing Address PO Box 4945</p> <p>City East Lansing State MI Zip Code 48826-4945</p> <p>Purpose of Disbursement 10/25/07 EVENT; MI US SENATE</p> <p>Candidate Name DEBBIE STABENOW</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71114.E109 Date of Disbursement 10 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>10/25/07 EVENT; MI US SEN- ATE</p>
<p>B. Full Name (Last, First, Middle Initial) Mike Thompson for Congress</p> <p>Mailing Address 236 massachusetts Ave; Ste. 508</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement 11/8/07 EVENT; CA-01 US HOUSE</p> <p>Candidate Name MIKE THOMPSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71114.E115 Date of Disbursement 11 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>11/8/07 EVENT; CA-01 US HOUSE</p>
<p>C. Full Name (Last, First, Middle Initial) Stephanie Tubbs Jones for U.S. Congress</p> <p>Mailing Address 2645 Warrensville Center Road Suite 331</p> <p>City Shaker Heights State OH Zip Code 44122-</p> <p>Purpose of Disbursement 12/11/07 EVENT; OH-11 US HOUSE</p> <p>Candidate Name STEPHANIE TUBBS-JONES</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80103.E122 Date of Disbursement 12 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>12/11/07 EVENT; OH-11 US HOUSE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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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)
Tim Walz for US Congress

Mailing Address PO BOX 938

City Mankato State MN Zip Code 56002-

Purpose of Disbursement
MN-01 US HOUSE

Candidate Name
TIMOTHY J WALZ

Office Sought: House
 Senate
 President

State: MN District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 71114.E103

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

MN-01 US HOUSE

B.

Full Name (Last, First, Middle Initial)
Robin Weirauch for Congress

Mailing Address PO Box 301

City Napoleon State OH Zip Code 43545-

Purpose of Disbursement
OH-05 US HOUSE

Candidate Name
ROBIN WEIRAUCH

Office Sought: House
 Senate
 President

State: OH District: 05

Disbursement For: 2007
 Primary General
 Other (specify) ▼

Transaction ID: 80103.E119

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

OH-05 US HOUSE

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

30500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Steve Beshear for Governor</p> <p>Mailing Address PO Box 4227</p> <p>City Frankfort State KY Zip Code 40604-</p> <p>Purpose of Disbursement KY GOVERNOR</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: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71114.E112</p> <p>Date of Disbursement 10 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kentucky Democratic House Caucus Camp</p> <p>Mailing Address PO Box 694</p> <p>City Frankfort State KY Zip Code 40602-0694</p> <p>Purpose of Disbursement PAC TO STATE PAC</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: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80107.E123</p> <p>Date of Disbursement 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) LINCPAC</p> <p>Mailing Address 301 4th St NE Ste 301 Suite 301</p> <p>City Washington State DC Zip Code 20002-5813</p> <p>Purpose of Disbursement 11/15/07 EVENT; PAC TO PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80103.E117</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

4500.00

Image# 28990483033

Form/Schedule: **F3XA**

Transaction ID:

The 2007 Amended 2007 Year End Report has been amended once more due to William Council III aggregation on the previous report (FEC-322360). Mr. Council reported on Page 10 line 11: C as William Council II and aggregated at \$1335.17 and \$36533.89 on pg 11 line 11: A as William Council III. We have confirmed that there is one William Council and he is William Council III. This 2007 Amended Year End report, reports them as one entity with the correct aggregation. Thank you.
