

# 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 03 01 2008 through 03 31 2008

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 04 17 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								
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Advocat Inc. Political Action Committee

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		6039.53
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	13436.45									
(c) Total Receipts (from Line 19) .....	4840.82	14525.74								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	18277.27	20565.27								
7. Total Disbursements (from Line 31) .....	3500.00	5788.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	14777.27	14777.27								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Advocat Inc. Political Action Committee

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	2838.44	6055.12
(i) Itemized (use Schedule A) .....	2002.38	8182.62
(ii) Unitemized .....	4840.82	14237.74
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	4840.82	14237.74
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	288.00
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)) .....	4840.82	14525.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4840.82	14525.74

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	288.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	288.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	5500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3500.00	5788.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	5788.00

**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 .....	4840.82	14237.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4840.82	14237.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	288.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	288.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

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

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

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

Mailing Address 12 Lakeview Ln

City Cabot State AR Zip Code 72023-9117

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

Name of Employer Diversicare Management Service Occupation Regional VP, AR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 314.40

Date of Receipt 03 / 07 / 2008

Transaction ID: 80410.C4206

Amount of Each Receipt this Period 104.80

Receipt

Payroll Deduction: (52.40- /Pay Period )

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

Mailing Address 6107 Co Rd 122

City Pisgah State AL Zip Code 35765

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

Name of Employer Diversicare Management Service Occupation Executive Director, AL & TN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 233.64

Date of Receipt 03 / 07 / 2008

Transaction ID: 80410.C4207

Amount of Each Receipt this Period 77.88

Receipt

Payroll Deduction: (38.94- /Pay Period )

**C.** 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 ▼ 208.69

Date of Receipt 03 / 12 / 2008

Transaction ID: 80410.C4259

Amount of Each Receipt this Period 60.38

Receipt

Payroll Deduction: (30.19- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ► 243.06

**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: (check only one)	PAGE 7 / 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.**

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

Mailing Address 155 E Foster Ct

City Lecanto State FL Zip Code 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 ▼ 312.72

Date of Receipt 03 / 07 / 2008

Transaction ID: 80410.C4208

Amount of Each Receipt this Period 104.24

Receipt

Payroll Deduction: (52.12- /Pay Period )

**B.**

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

Mailing Address 9533 Thoroughbred Way

City Brentwood State TN Zip Code 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 ▼ 1153.86

Date of Receipt 03 / 07 / 2008

Transaction ID: 80410.C4209

Amount of Each Receipt this Period 384.68

Receipt

Payroll Deduction: (192.3- 4/Pay Period )

**C.**

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

Mailing Address 801 Brownstone Ct

City Nolensville State TN Zip Code 37135-9720

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

Name of Employer Advocat Inc. Occupation VP, Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 398.46

Date of Receipt 03 / 07 / 2008

Transaction ID: 80410.C4211

Amount of Each Receipt this Period 132.82

Receipt

Payroll Deduction: (66.41- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **621.74**

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robin Windham Jones	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 4674 Riverbend Rd	<b>Transaction ID:</b> 80410.C4214
	City State Zip Code Trussville AL 35173-3506	Amount of Each Receipt this Period 119.94
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Diversicare Management Services	Occupation Regional VP, AL & TN	Payroll Deduction: (59.97- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.82	

<b>B.</b>	Full Name (Last, First, Middle Initial) Randi Kiphen	Date of Receipt MM / DD / YYYY 03 / 12 / 2008
	Mailing Address 10880 Gallia Pike Rd	<b>Transaction ID:</b> 80410.C4263
	City State Zip Code Wheelersburg OH 45694-8443	Amount of Each Receipt this Period 70.98
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Best Care Nurs	Payroll Deduction: (35.49- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.83	

<b>C.</b>	Full Name (Last, First, Middle Initial) Steve Levato	Date of Receipt MM / DD / YYYY 03 / 12 / 2008
	Mailing Address 306 Cliffwood Loop	<b>Transaction ID:</b> 80410.C4254
	City State Zip Code Hot Springs Natl P AR 71913-8735	Amount of Each Receipt this Period 66.92
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Garland	Payroll Deduction: (33.46- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.46	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>257.84</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 13  
(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		Date of Receipt <table border="1" style="font-size: small;"> <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>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	7		2	0	0	8													
Mailing Address 149 Riverwood Dr		<b>Transaction ID:</b> 80410.C4217																				
City	State	Zip Code																				
Franklin	TN	37069-4181																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>104.34</td></tr> </table>	104.34																			
104.34																						
Name of Employer Diversicare Management Service	Occupation VP, Purchasing & Property Mana	Receipt																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>313.02</td></tr> </table>	313.02	Payroll Deduction: (52.17- /Pay Period )																			
313.02																						

**B.**

Full Name (Last, First, Middle Initial) Lisa Martens		Date of Receipt <table border="1" style="font-size: small;"> <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>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	7		2	0	0	8													
Mailing Address 1339 Buckingham Cir		<b>Transaction ID:</b> 80410.C4218																				
City	State	Zip Code																				
Franklin	TN	37064-5420																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>113.84</td></tr> </table>	113.84																			
113.84																						
Name of Employer Advocat Inc.	Occupation VP, Quality Management	Receipt																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>341.52</td></tr> </table>	341.52	Payroll Deduction: (56.92- /Pay Period )																			
341.52																						

**C.**

Full Name (Last, First, Middle Initial) Wanda Meade		Date of Receipt <table border="1" style="font-size: small;"> <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>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	7		2	0	0	8													
Mailing Address 15939 Lone Oak Dr		<b>Transaction ID:</b> 80410.C4219																				
City	State	Zip Code																				
Catlettsburg	KY	41129-9290																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>120.00</td></tr> </table>	120.00																			
120.00																						
Name of Employer Diversicare Management Service	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 ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>360.00</td></tr> </table>	360.00	Payroll Deduction: (60.00- /Pay Period )																			
360.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1" style="width: 100%;"> <tr><td><b>338.18</b></td></tr> </table>	<b>338.18</b>
<b>338.18</b>		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td></tr> </table>	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Rice	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 7147 Riverfront Dr	<b>Transaction ID:</b> 80410.C4225
	City State Zip Code Nashville TN 37221	Amount of Each Receipt this Period 90.12
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Diversicare Management Service	Occupation VP, Corporate Compliance & Ris	Payroll Deduction: (45.06- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.36	

<b>B.</b>	Full Name (Last, First, Middle Initial) Glynn Riddle	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 1203 Signature Ct	<b>Transaction ID:</b> 80410.C4227
	City State Zip Code Franklin TN 37064-9663	Amount of Each Receipt this Period 384.62
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Advocat Inc.	Occupation Executive VP & CFO	Payroll Deduction: (192.3- 1/Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.86	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kenneth Smith	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 4909 Walnut Hills Dr	<b>Transaction ID:</b> 80410.C4230
	City State Zip Code Louisville KY 40299-1044	Amount of Each Receipt this Period 82.40
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Advocat Inc.	Occupation Reg Director, HR	Payroll Deduction: (41.20- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>557.14</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 13  
(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)  
Linda Stratton

Mailing Address 713 Meeting Street

City State Zip Code  
Franklin TN 37064

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

Name of Employer: Advocat Occupation: VP of Therapy Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 291.84

Date of Receipt: 03 / 07 / 2008

Transaction ID: 80410.C4232

Amount of Each Receipt this Period: 97.28

Receipt

Payroll Deduction: (48.64- /Pay Period)

**B.**

Full Name (Last, First, Middle Initial)  
E Kim Tirronen

Mailing Address 16701 Richloam Ln

City State Zip Code  
Spring Hill FL 34610-1657

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

Name of Employer: Advocat Inc. Occupation: Resident Assesment Instru. Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 221.70

Date of Receipt: 03 / 07 / 2008

Transaction ID: 80410.C4235

Amount of Each Receipt this Period: 73.90

Receipt

Payroll Deduction: (36.95- /Pay Period)

**C.**

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: Advocat Inc. Occupation: Executive VP & COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.86

Date of Receipt: 03 / 07 / 2008

Transaction ID: 80410.C4238

Amount of Each Receipt this Period: 384.68

Receipt

Payroll Deduction: (192.3- 4/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **555.86**

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Terena Walton	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 21 Cottonwood Ln	<b>Transaction ID:</b> 80410.C4224
	City State Zip Code Dyersburg TN 38024-6548	Amount of Each Receipt this Period 91.52
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Advocat Inc.	Occupation VP, Marketing	Payroll Deduction: (45.76- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 274.56	

<b>B.</b>	Full Name (Last, First, Middle Initial) Matthew Weishaar	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 376 Sandcastle Road	<b>Transaction ID:</b> 80410.C4240
	City State Zip Code Franklin TN 37069	Amount of Each Receipt this Period 109.10
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Advocat	Occupation VP Fin & Controll	Payroll Deduction: (54.55- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.30	

<b>C.</b>	Full Name (Last, First, Middle Initial) Samuel Wright	Date of Receipt MM / DD / YYYY 03 / 12 / 2008
	Mailing Address 7863 Highway 828	<b>Transaction ID:</b> 80410.C4255
	City State Zip Code Louisa KY 41230-5525	Amount of Each Receipt this Period 64.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Carter Nursing	Payroll Deduction: (32.00- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>264.62</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2838.44</b>

**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 13 / 13

<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)  
Xavier Becerra

Mailing Address PO Box 261060

City Los Angeles State CA Zip Code 90026-

Purpose of Disbursement  
CA-31 US HOUSE

Candidate Name  
XAVIER BECERRA

Office Sought:  House  
 Senate  
 President

State: CA District: 31

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 80410.E129  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	8

Amount of Each Disbursement this Period

1000.00
---------

CA-31 US HOUSE

B.

Full Name (Last, First, Middle Initial)  
Salazar for Senate

Mailing Address 422 C St NE

City Washington State DC Zip Code 20002-5818

Purpose of Disbursement  
3/26/08 EVENT; CO US SENATE

Candidate Name  
KEN SALAZAR

Office Sought:  House  
 Senate  
 President

State: CO District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 80410.E128  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	0	8

Amount of Each Disbursement this Period

2500.00
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3/26/08 EVENT; CO US SENATE

SUBTOTAL of Disbursements This Page (optional) ..... ►

3500.00
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TOTAL This Period (last page this line number only) ..... ►

3500.00
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