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Image# 202401249600242069

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM	3X Fo	or Other	Than An	Authorized	d Commi	ttee		Office Us	se Only	
1. NAME OF COMMITTE		YPE OR PI	RINT ▼		ample: If ty r the lines.		12FE	4M5		
NEXION F	HEALTH FUN	D FOR	QUALIT	Y LONG	ΓERM C	ARE INC				
ADDRESS (num	ber and street)	228 S WA	SHINGTON	STREET SUIT	ΓΕ 115					
than p	if different reviously ed. (ACC)	ALEXAND	DRIA				VA	22314	1 1	
2. FEC IDEN	TIFICATION NUM	IBER ▼		CITY ▲			STATE 🛦		ZIP COI	DE 🛦
C coo	0434233			3. IS THIS REPORT	×	NEW (N) OR		AMENDED (A)		
(Choose Or	rly Reports:	(b) Monti Repo Due	rt	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
Ju Ju Q	pril 15 uarterly Report (Q1) uly 15 uarterly Report (Q2) ctober 15 uarterly Report (Q3) anuary 31 ear-End Report (YE)	(C)	12-Day PRE -Election Report for t		Primary (1		-	eral (12G) ial (12S)	in the State of	Runoff (12R)
Re Ye	uly 31 Mid-Year eport (Non-election ear Only) (MY) ermination Report ER)		30-Day POST-Elect Report for t		General (3	90G)	Runc	off (30R)	in the State of	Special (30S)
5. Covering P	eriod 07	/ D D D 01		2023	through	M M 12	/ D D D 31	/ Y Y 202		
-	ave examined this ame of Treasurer	-	d to the beancis P., , ,	est of my kno	wledge and	d belief it is tro	ue, correct	and comple	te.	
Signature of Tre	easurer Kirley,	Francis P., ,	,				Date 0	1 24	D /	2024
NOTE: Submissi	on of false, erroneo	us, or inco	mplete infor	mation may su	ubject the p	erson signing t	his Report	to the penalti	es of 52	U.S.C. § 30109
Office Use									FOR Rev. 05/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2023		35588.42
(b) Cash on Hand at Beginning of Reporting Period	57028.30	
(c) Total Receipts (from Line 19)	26294.47	66834.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	83322.77	102422.77
Total Disbursements (from Line 31)	2500.00	21600.00
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	80822.77	80822.77
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

01 07 2023 12 31 2023 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 9627.99 38946.46 (i) Itemized (use Schedule A)..... 27087.89 16666.48 (ii) Unitemized (iii) TOTAL (add 66034.35 26294.47 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 66034.35 26294.47 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 800.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 66834.35 12, 13, 14, 15, 16, 17, and 18(c))....... 26294.47 20. Total Federal Receipts 26294.47 66834.35 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated 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		
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	2500.00	21600.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4	45 1 45 1 45		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(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		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated 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		
Total Disbursements (add Lines 21(c), 22,		7 1 7 1 7		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2500.00	21600.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2500.00	21600.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		Page 3
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	26294.47	66034.35
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26294.47	66034.35
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:					PAGE		6	OF	12	
(c	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16	;	17

Detailed Summary Page 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) NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Cash, Julie, , , Mailing Address 2303 Cole Circle 2023 16 City Zip Code State Transaction ID: SA11AI.8229 LA **Bossier City** 71111 Amount of Each Receipt this Period FEC ID number of contributing C 600.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrator-Claiborne Nexion Health Receipt For: Aggregate Year-to-Date ▼ Primary General 3600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cash, Julie, , , Date of Receipt Mailing Address 2303 Cole Circle 10 17 2023 Zip Code City State Transaction ID: SA11AI.8357 **Bossier City** LA 71111 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrator-Claiborne Nexion Health Receipt For: Aggregate Year-to-Date ▼ Primary General 4350.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Clayton, Denise L., , , Date of Receipt Mailing Address 335 Horseshoe Drive 2023 08 16 City State Zip Code Transaction ID: SA11AI.8230 LA Many 71449 Amount of Each Receipt this Period FEC ID number of contributing C 450.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Nexion Health Administrator-Many Receipt For: Aggregate Year-to-Date ▼ Primary General 1700.00 Other (specify) 1800.00 SUBTOTAL of Receipts This Page (optional).....

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:					PAGE		7	OF	12	
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Detailed Summary Page 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) NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Gessman, Deidre K., , , Mailing Address 2167 County Road 4200 2023 17 City State Zip Code Transaction ID: SA11AI.8363 Winnsboro TX 75494 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrator-Lakeview Nexion Health Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hamrick, Tony, , , Date of Receipt Mailing Address 1430 Old Amy Road 08 16 2023 City State Zip Code Transaction ID: SA11AI.8307 Laurel MS 39440 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrator-Columbia Nexion Health Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hasty, Amanda Lynn, , , Date of Receipt Mailing Address 120 Estelle Drive 2023 10 17 City State Zip Code Transaction ID: SA11AI.8342 MS Vicksburg 39180 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Nexion Health Administrator-Natchez Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 2200.00 SUBTOTAL of Receipts This Page (optional).....

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

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

ı	FOR LINE	NUMBER:	PAGE	8 OF	12
	(check only	one)			
	X 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) NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Luckett, Gina, , , Mailing Address 1700 N. Washington Avenue 2023 16 City Zip Code State Transaction ID: SA11AI.8225 Pilot Point TX 76258 Amount of Each Receipt this Period FEC ID number of contributing C 230.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrator-Cedar Ridge Nexion Health Receipt For: Aggregate Year-to-Date ▼ Primary General 927.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Luckett, Gina, , , Date of Receipt Mailing Address 1700 N. Washington Avenue 10 17 2023 City State Zip Code Transaction ID: SA11AI.8338 Pilot Point TX 76258 Amount of Each Receipt this Period FEC ID number of contributing 140.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrator-Cedar Ridge Nexion Health Receipt For: Aggregate Year-to-Date ▼ Primary General 1067.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name McQueary, Jennifer Lynn, , , Date of Receipt Mailing Address 825 Sky Creek Court 2023 10 17 City State Zip Code Transaction ID: SA11AI.8356 TX Saginaw 76179 Amount of Each Receipt this Period FEC ID number of contributing C 590.96 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Nexion Health Administrator-Renaissance Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 960.96 SUBTOTAL of Receipts This Page (optional).....

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

Use separate schedule(s) for each category of the

ı	FOR LINE	NUMBER:	PAGE	5 9 OF	12
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Detailed Summary Page 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) NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Munoz, Anna Lisa, , , Date of Receipt Mailing Address P.O. Box 81349 2023 17 City State Zip Code Transaction ID: SA11AI.8344 TX Corpus Christi 78468 Amount of Each Receipt this Period FEC ID number of contributing C 447.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrator-Gulf Shores Nexion Health Receipt For: Aggregate Year-to-Date ▼ Primary General 2036.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Murray, Dominique, , , Date of Receipt Mailing Address 208 S.Utah Street 08 16 2023 City State Zip Code Transaction ID: SA11AI.8292 La Porte TX 77571 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrator-Bay Ridge Nexion Health Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Murray, Dominique, , , Date of Receipt Mailing Address 208 S.Utah Street 2023 10 17 City State Zip Code Transaction ID: SA11AI.8351 TX La Porte 77571 Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Nexion Health Administrator-Bay Ridge Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 1947.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 10 OF 12 (check only one)

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13 14 15 16 17

Detailed Summary Page 13 14 15 16 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) NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Myles, Rebecca R., , , Mailing Address P.O. Box 120 2023 City Zip Code State Transaction ID: SA11AI.8355 LA Minden 70158 Amount of Each Receipt this Period FEC ID number of contributing C 45.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrator-Pierrepont Nexion Health Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Myles, Rebecca R., , , Date of Receipt Mailing Address P.O. Box 120 12 11 2023 City State Zip Code Transaction ID: SA11AI.8372 Minden LA 70158 Amount of Each Receipt this Period FEC ID number of contributing 305.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Administrator-Pierrepont Nexion Health Receipt For: Aggregate Year-to-Date ▼ Primary General 1555.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smith, Sheryl, , , Date of Receipt Mailing Address 9777 FM 226 2023 10 17 City State Zip Code Transaction ID: SA11AI.8354 TX Nacogdoches 75961 Amount of Each Receipt this Period FEC ID number of contributing C 1750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Nexion Health Assistant Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) 2100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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NAME OF COMMITTEE (IN FUII) NEXION HEALTH FUN	ID FOR QUALITY LONG TERM CARE I	NC				
Full Name of Individual (Last, Firs Trahan, Shawna, , , Mailing Address 516 Roderick Stre	t, Middle Initial) or Full Organization Name	Date of Receipt				
City	State Zip Code	10 17 2023 Transaction ID : SA11Al.8343				
Morgan City	LA 70380	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	260.00				
Name of Employer (for Individual) Nexion Healoth Receipt For: Primary General	Occupation (for Individual) Administrator-Maison Jardin Aggregate Year-to-Date ▼	Memo Item				
Other (specify) ▼	260.00					
Full Name of Individual (Last, Firs Walker, Penny, , , Mailing Address 107 East Ross	t, Middle Initial) or Full Organization Name	Date of Receipt				
		12 31 2023				
City	State Zip Code	Transaction ID : SA11AI.8281 Amount of Each Receipt this Period				
Waxahachie						
FEC ID number of contributing federal political committee.	360.03					
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Dietician	Memo Item payroll deduction \$ 32.73 semi-monthly				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 820.46					
Full Name of Individual (Last, Firs	t, Middle Initial) or Full Organization Name	Date of Receipt				
Mailing Address		M = M / D = D / Y = Y = Y				
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů l					
Name of Employer (for Individual)	Name of Employer (for Individual) Occupation (for Individual)					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼					
	(optional)	620.03 9627.99				

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SCHEDULE B (FEC Form 3X)	Harana I I I I I I I I	FOR LINE	E NUMBER: PAGE 12 OF 12			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlook orling				
	Detailed Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Statem	lents may not be sold or us					
or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
NEXION HEALTH FUND FOR QUA	ALITY LONG TERM	M CARE IN	C			
Full Name (Last, First, Middle Initial)			Data of Dishursoment			
A. ANGUS KING FOR U.S. SENATE CA	AMPAIGN		Date of Disbursement			
Mailing Address P.O. BOX 368 114 MAINE STREET, SUITE 1			10 19 2023			
,	State Zip Code		FEC Identification Number			
BRUNSWICK Purpose of Disbursement	ME 04011		0 000740047			
contribution			C C00516047			
Candidate Name			Transaction ID : SB23.8224			
KING, ANGUS S. JR., , ,		Category/ Type	Amount of Each Disbursement this Period			
<u></u>	nent For: 2024	.,,,,	2500.00			
	Primary General					
State: ME District: 00	Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial)						
B.			Date of Disbursement			
			M = M / D = D / Y = Y = Y			
Mailing Address						
City	state Zip Code		FEC Identification Number			
Purpose of Disbursement			C			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disbursem	nent For:	турс				
Senate	Primary General		7 7			
	Other (specify)		Memo Item			
State: District:						
Full Name (Last, First, Middle Initial) C.			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address						
City	ztate Zip Code		FEC Identification Number			
Purpose of Disbursement			C			
			0			
Candidate Name	Category/					
Office Sought: House Disbursem	nent For:	Туре				
	Primary General		7 7 7			
	Other (specify) ▼		Memo Item			
State: District:			INIGINO ILGIN			
			2500.00			
SUBTOTAL of Disbursements This Page (optional)		·····•	2500.00			
TOTAL This Period (last page this line number only).			2500.00			