

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC**

ADDRESS (number and street) **228 S WASHINGTON STREET SUITE 115**  
Check if different than previously reported. (ACC) **ALEXANDRIA VA 22314**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00434233** 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 Year-End 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 (12S)  
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  /  /  2021 through  /  /  2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Kirley, Francis P., , ,  
Type or Print Name of Treasurer

Signature of Treasurer *Kirley, Francis P., , ,* [Electronically Filed] Date  /  /  2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**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**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>	<input type="text" value="14653.84"/>	<input type="text" value="14653.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="14653.84"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="31500.36"/>	<input type="text" value="31500.36"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="46154.20"/>	<input type="text" value="46154.20"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16300.00"/>	<input type="text" value="16300.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="29854.20"/>	<input type="text" value="29854.20"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Report Covering the Period: From: 01 / 01 / 2021 To: 06 / 30 / 2021

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12205.17	12205.17
(ii) Unitemized .....	19295.19	19295.19
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	31500.36	31500.36
(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) .....	31500.36	31500.36
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 Transfers (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)).....▶	31500.36	31500.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	31500.36	31500.36

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. 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
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16300.00	16300.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16300.00	16300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16300.00	16300.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	31500.36	31500.36
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31500.36	31500.36
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: (check only one)	PAGE 6 OF 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)  
**NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC**

**A. Burnett, Terri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9585 Lights Ranch Road  
 City Pilot Point State TX Zip Code 76258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Cedar Ridge  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 13 / 2021  
**Transaction ID : SA11AI.7605**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Clayton, Denise L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 335 Horseshoe Drive  
 City Many State LA Zip Code 71449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Many  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 16 / 2021  
**Transaction ID : SA11AI.7661**  
 Amount of Each Receipt this Period 800.00  
 Memo Item

**C. Eddings, Cametrica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Mourning Dove  
 City Navasota State TX Zip Code 77868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Golden Creek  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 25 / 2021  
**Transaction ID : SA11AI.7632**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2300.00
<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: (check only one)	PAGE 7 OF 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)  
**NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC**

**A. Hasty, Amanda Lynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 Estelle Drive  
 City Vicksburg State MS Zip Code 39180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Natchez  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 685.00

Date of Receipt **03 / 10 / 2021**  
**Transaction ID : SA11AI.7576**  
 Amount of Each Receipt this Period 685.00  
 Memo Item

**B. Hasty, Amanda Lynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 Estelle Drive  
 City Vicksburg State MS Zip Code 39180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Natchez  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1854.00

Date of Receipt **04 / 13 / 2021**  
**Transaction ID : SA11AI.7621**  
 Amount of Each Receipt this Period 1169.00  
 Memo Item

**C. Jackson, Zakiyo F., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 704 S. West Main Avenue  
 City Mound Bayou State MS Zip Code 38762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Crystal  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 09 / 2021**  
**Transaction ID : SA11AI.7550**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2354.00
<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: (check only one)	PAGE 8 OF 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)  
**NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC**

**A. Jackson, Zakiyo F., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 704 S. West Main Avenue  
 City Mound Bayou State MS Zip Code 38762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Crystal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 23 / 2021**  
**Transaction ID : SA11AI.7556**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Langston, Krista, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 705 N. Main  
 City Lumberton State TX Zip Code 77657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Village Creek  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 25 / 2021**  
**Transaction ID : SA11AI.7639**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Louviere, Michael F., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2200 Belle Ruelle  
 City New Iberia State LA Zip Code 70583-3075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Health care administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **03 / 30 / 2021**  
**Transaction ID : SA11AI.7590**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<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: (check only one)	PAGE 9 OF 13
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC**

**A. McQueary, Jennifer Lynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 825 Sky Creek Court  
 City Saginaw State TX Zip Code 76179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Renaissance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 16 / 2021**  
**Transaction ID : SA11AI.7665**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Riner, Martha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 391  
 City Naples State TX Zip Code 75568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-New Boston H'lthcare Ctr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt **02 / 23 / 2021**  
**Transaction ID : SA11AI.7570**  
 Amount of Each Receipt this Period 530.00  
 Memo Item

**C. Sweeney, Philip, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Davis Boulevard  
 City Jefferson State LA Zip Code 70121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health, Inc. Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 30 / 2021**  
**Transaction ID : SA11AI.7589**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 2030.00  
**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 10 OF 13
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC**

**A. Walker, Penny, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 East Ross  
 City Waxahachie State TX Zip Code 75165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Dietician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 424.17

Date of Receipt **06 / 30 / 2021**  
**Transaction ID : SA11AI.7502**  
 Amount of Each Receipt this Period 424.17  
 Memo Item  
 payroll deduction \$ 31.46 bi-weekly

**B. Weaver, Christopher L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 143 Edgewood Boulevard  
 City Oxford State MS Zip Code 38655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Holly Springs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 13 / 2021**  
**Transaction ID : SA11AI.7628**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Weaver, Marva, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 428 St. Andrews Drive  
 City Allen State TX Zip Code 75002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Ridgecrest  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt **05 / 25 / 2021**  
**Transaction ID : SA11AI.7641**  
 Amount of Each Receipt this Period 925.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1849.17
<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: (check only one)	PAGE 11 OF 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)  
**NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC**

**A. Weaver, Marva, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 428 St. Andrews Drive  
 City Allen State TX Zip Code 75002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Ridgecrest  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2021  
**Transaction ID : SA11AI.7660**  
 Amount of Each Receipt this Period  
 575.00  
 Memo Item

**B. Williams, Michael A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 42  
 City La Ward State TX Zip Code 77970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Arbor Hills  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 847.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2021  
**Transaction ID : SA11AI.7667**  
 Amount of Each Receipt this Period  
 847.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1422.00
<b>TOTAL</b> This Period (last page this line number only).....	12205.17

**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"/> 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)  
**NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC**

Full Name (Last, First, Middle Initial)

**A. JULIA LETLOW FOR CONGRESS**

Mailing Address 905 JULIA ST

City RAYVILLE State LA Zip Code 71269

Purpose of Disbursement contribution

Candidate Name  
**LETLOW, JULIA, , ,**

Office Sought:  House  Senate  President  
State: LA District: 05

Disbursement For: 2021  
 Primary  General  
 Other (specify) ▼  
Special-General

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2021

FEC Identification Number

**C** C00766428

**Transaction ID : SB23.7505**

Amount of Each Disbursement this Period

2800.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. NRSC**

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2021

FEC Identification Number

**C** C00027466

**Transaction ID : SB23.7511**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SCALISE LEADERSHIP FUND**

Mailing Address 317 15TH ST NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2021

FEC Identification Number

**C** C00568162

**Transaction ID : SB23.7510**

Amount of Each Disbursement this Period

2900.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10700.00

**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"/> 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)  
**NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC**

Full Name (Last, First, Middle Initial)

**A. TROY CARTER FOR CONGRESS**

Mailing Address P.O. BOX 50730

City NEW ORLEANS State LA Zip Code 70150

Purpose of Disbursement contribution

Candidate Name  
**CARTER, TROY 'C', , ,**

Office Sought:  House  Senate  President  
State: LA District: 02  
Disbursement For: 2021  
 Primary  General  
 Other (specify) ▼  
Special-Primary

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2021

FEC Identification Number

C C00763649

Transaction ID : SB23.7508

Amount of Each Disbursement this Period

2800.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TROY CARTER FOR CONGRESS**

Mailing Address P.O. BOX 50730

City NEW ORLEANS State LA Zip Code 70150

Purpose of Disbursement contribution

Candidate Name  
**CARTER, TROY 'C', , ,**

Office Sought:  House  Senate  President  
State: LA District: 02  
Disbursement For: 2021  
 Primary  General  
 Other (specify) ▼  
Special-General

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2021

FEC Identification Number

C C00763649

Transaction ID : SB23.7509

Amount of Each Disbursement this Period

2800.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5600.00

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

16300.00