

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 ALEXANDRIA VA 22314

2. FEC IDENTIFICATION NUMBER C00434233 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2012 through 09 / 30 / 2012

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 Francis P. Kirley

Signature of Treasurer Francis P. Kirley [Electronically Filed] Date 10 / 15 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2012"/>		47509.08
(b) Cash on Hand at Beginning of Reporting Period.....	53752.40	
(c) Total Receipts (from Line 19)	5759.40	35502.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	59511.80	83011.80
7. Total Disbursements (from Line 31).....	20500.00	44000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	39011.80	39011.80
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

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

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

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).....	3523.20	20196.88
(ii) Unitemized	2236.20	15305.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5759.40	35502.72
(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)	5759.40	35502.72
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))..... ▶	5759.40	35502.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5759.40	35502.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....	20500.00	44000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) 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)) ..	20500.00	44000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20500.00	44000.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	5759.40	35502.72
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5759.40	35502.72
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. Hollie Adams
Full Name (Last, First, Middle Initial)

Mailing Address 2759 CR 1490

City Center	State TX	Zip Code 75935
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FEC ID number of contributing federal political committee. **C**

Name of Employer Nexion Health	Occupation Administrator
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **656.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11AI.5750

Amount of Each Receipt this Period
239.74

payroll deduction \$ 34.62 bi-weekly

B. Brad Barnes
Full Name (Last, First, Middle Initial)

Mailing Address 2615 Falcon Knoll

City Katy	State TX	Zip Code 77494
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FEC ID number of contributing federal political committee. **C**

Name of Employer Nexion Health	Occupation Administrator
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2470.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11AI.5751

Amount of Each Receipt this Period
347.40

payroll deduction \$ 57.90 bi-weekly

C. Sherri Clark
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 933

City Quitman	State TX	Zip Code 75783
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FEC ID number of contributing federal political committee. **C**

Name of Employer Nexion Health	Occupation RDO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **986.67**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11AI.5756

Amount of Each Receipt this Period
311.58

payroll deduction \$ 51.93 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	898.72
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 OF 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)
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Full Name (Last, First, Middle Initial)
A. Janice R. Hill

Mailing Address 205 Rocky Mound Drive

City Lafayette	State LA	Zip Code 70506
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FEC ID number of contributing federal political committee. **C**

Name of Employer Nexion Health	Occupation RFS South Louisiana
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **411.83**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.5755

Amount of Each Receipt this Period

137.34

 payroll deduction \$ 23.89 bi-weekly

Full Name (Last, First, Middle Initial)
B. Denise Honnoll

Mailing Address 14971 SH 154E

City Diana	State TX	Zip Code 75640
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FEC ID number of contributing federal political committee. **C**

Name of Employer Nexion Health	Occupation Regional Clinical Specialist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **672.03**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.5758

Amount of Each Receipt this Period

212.22

 payroll deduction \$ 35.37 bi-weekly

Full Name (Last, First, Middle Initial)
C. Marguerite P. Jenkins

Mailing Address 118 2nd Avenue

City Reistertown	State MD	Zip Code 21136
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FEC ID number of contributing federal political committee. **C**

Name of Employer Nexion Health	Occupation Controller
-----------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **561.83**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.5759

Amount of Each Receipt this Period

177.42

 payroll deduction \$ 29.57 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	526.98
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 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

Full Name (Last, First, Middle Initial) A. Laura Lassie McDowell-Pappas		Date of Receipt
Mailing Address 18716 Falls Road		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Hampstead	MD	21074
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.5760
Nexion Health, Inc.	Director, Purchasing & Finance	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="435.67"/>	<input type="text" value="137.58"/>
		payroll deduction \$ 22.93 bi-weekly

Full Name (Last, First, Middle Initial) B. Andrew J. Pisarik Jr.		Date of Receipt
Mailing Address 209-C Stratford Street		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Houston	TX	77006
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.5797
Nexion Health, Inc.	Adminstrator-Allenbrook	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) C. Shari Richey		Date of Receipt
Mailing Address 1600 1/2 Webb Street		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Henderson	TX	75654
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.5798
Nexion Health	Administrator	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1230.00"/>	<input type="text" value="230.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="867.58"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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"/> 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. Shari Richey
Full Name (Last, First, Middle Initial)

Mailing Address 1600 1/2 Webb Street

City Henderson State TX Zip Code 75654

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

Name of Employer Nexion Health Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1405.00**

Date of Receipt **09 / 28 / 2012**

Transaction ID : SA11AI.5752

Amount of Each Receipt this Period **175.00**

payroll deduction \$ 25 bi-weekly

B. Meera Riner
Full Name (Last, First, Middle Initial)

Mailing Address 513 Hillside Drive

City Auburndale State FL Zip Code 33823

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

Name of Employer Nexion Health Occupation Vice-President for Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2236.11**

Date of Receipt **09 / 28 / 2012**

Transaction ID : SA11AI.5754

Amount of Each Receipt this Period **706.14**

payroll deduction \$ 117.69 bi-weekly

C. Jennifer L. Swim
Full Name (Last, First, Middle Initial)

Mailing Address 6354 Chickamauga Trail

City Shreveport State LA Zip Code 71107

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

Name of Employer Nexion Vivian Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1676.48**

Date of Receipt **09 / 28 / 2012**

Transaction ID : SA11AI.5753

Amount of Each Receipt this Period **161.52**

payroll deduction \$ 26.92 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	1042.66
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 OF 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)
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

A. Penny Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 East Ross
 City Waxahachie State TX Zip Code 75165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nexion Health Occupation Dietician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **592.99**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2012
Transaction ID : SA11A1.5757
 Amount of Each Receipt this Period
187.26
 payroll deduction \$ 31.21 bi-weekly

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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

SUBTOTAL of Receipts This Page (optional).....▶	187.26
TOTAL This Period (last page this line number only).....▶	3523.20

**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)
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Full Name (Last, First, Middle Initial)

A. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement contribution

Candidate Name
HENRY A. WAXMAN

Office Sought: House
 Senate
 President
State: CA District: 30

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2012

Transaction ID : **SB23.5769**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 East Main Street, Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2012

Transaction ID : **SB23.5762**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. HOOSIERS FOR RICHARD MOURDOCK INC

Mailing Address PO BOX 1583

City INDIANAPOLIS State IN Zip Code 46206

Purpose of Disbursement contribution

Candidate Name
RICHARD E MOURDOCK

Office Sought: House
 Senate
 President
State: IN District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : **SB23.5774**

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

**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)

<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)
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Full Name (Last, First, Middle Initial)

A. HOYER FOR CONGRESS

Mailing Address 607 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

STENY HAMILTON HOYER

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SB23.5775

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LATHAM FOR CONGRESS

Mailing Address PO BOX 8237

City DES MOINES State IA Zip Code 50301

Purpose of Disbursement
contribution

Candidate Name

THOMAS LATHAM

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	09	/	2012

Transaction ID : SB23.5768

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. RODNEY ALEXANDER FOR CONGRESS INC.

Mailing Address PO Box 367
319 NANCY ROAD

City Quitman State LA Zip Code 71268

Purpose of Disbursement
contribution

Candidate Name

Mr. RODNEY M. ALEXANDER

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SB23.5778

Amount of Each Disbursement this Period

2000.00

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

5000.00

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

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**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)
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Full Name (Last, First, Middle Initial)

A. ROMNEY VICTORY INC

Mailing Address 585 COMMERCIAL STREET

City BOSTON State MA Zip Code 02109

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2012

Transaction ID : SB23.5771

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. SCOTT BROWN FOR US SENATE COMMITTEE INC

Mailing Address 337 SUMMER STREET

City BOSTON State MA Zip Code 02210

Purpose of Disbursement contribution

Candidate Name

SCOTT P BROWN

Office Sought: House Senate President
State: MA District: 00

Disbursement For: 2012 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2012

Transaction ID : SB23.5765

Amount of Each Disbursement this Period

1000.00

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

11000.00

20500.00