

**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="2023"/>	<input type="text" value="35588.42"/>	<input type="text" value="35588.42"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="35588.42"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="40539.88"/>	<input type="text" value="40539.88"/>
(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="76128.30"/>	<input type="text" value="76128.30"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19100.00"/>	<input type="text" value="19100.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="57028.30"/>	<input type="text" value="57028.30"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

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: M M / D D / Y Y Y Y 01 / 01 / 2023 To: M M / D D / Y Y Y Y 06 / 30 / 2023

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).....	29318.47	29318.47
(ii) Unitemized	10421.41	10421.41
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	39739.88	39739.88
(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)	39739.88	39739.88
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.....	800.00	800.00
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)).....▶	40539.88	40539.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	40539.88	40539.88

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.....	19100.00	19100.00
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)) ..	19100.00	19100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19100.00	19100.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	39739.88	39739.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39739.88	39739.88
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 20
<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. Barbera, Bradley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 Percy Brown Road
 City Thibodeaux State LA Zip Code 70301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Thibodeaux
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **05 / 30 / 2023**
Transaction ID : SA11AI.8204
 Amount of Each Receipt this Period 600.00
 Memo Item

B. Barbera, Bradley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 Percy Brown Road
 City Thibodeaux State LA Zip Code 70301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Thibodeaux
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **06 / 27 / 2023**
Transaction ID : SA11AI.8208
 Amount of Each Receipt this Period 600.00
 Memo Item

C. Cash, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2303 Cole Circle
 City Bossier City State LA Zip Code 71111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Claiborne
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **05 / 30 / 2023**
Transaction ID : SA11AI.8150
 Amount of Each Receipt this Period 3000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4200.00
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 7 OF 20
	<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. 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 ▼ 500.00

Date of Receipt
 01 / 17 / 2023
Transaction ID : SA11AI.8104
 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 ▼ 1250.00

Date of Receipt
 05 / 30 / 2023
Transaction ID : SA11AI.8153
 Amount of Each Receipt this Period
 750.00
 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 ▼ 750.00

Date of Receipt
 03 / 23 / 2023
Transaction ID : SA11AI.8111
 Amount of Each Receipt this Period
 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 8 OF 20
<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. 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2023
Transaction ID : SA11AI.8216
 Amount of Each Receipt this Period
 750.00
 Memo Item

B. Ellis, Danette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 314 Highway 663
 City Morgan City State LA Zip Code 70380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2023
Transaction ID : SA11AI.8197
 Amount of Each Receipt this Period
 700.00
 Memo Item

C. Eschette, Rori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 Azalea Drive
 City Donner State LA Zip Code 70352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Maison Bienvenue
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2023
Transaction ID : SA11AI.8093
 Amount of Each Receipt this Period
 700.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2150.00
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 9 OF 20
<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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2023
Transaction ID : SA11AI.8117
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Haws, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4509 Lake View Drive
 City Wichita Falls State TX Zip Code 76308-3308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2023
Transaction ID : SA11AI.8200
 Amount of Each Receipt this Period
 1300.00
 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 ▼ 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2023
Transaction ID : SA11AI.8211
 Amount of Each Receipt this Period
 1150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2950.00
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 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lockett, Gina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 N. Washington Avenue
 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 ▼ 697.00

Date of Receipt 05 / 30 / 2023
Transaction ID : SA11AI.8176
 Amount of Each Receipt this Period 697.00
 Memo Item

B. MacFarlane, Stephanie C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9055 Wynstone Drive
 City Jefferson State SD Zip Code 57038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 30 / 2023
Transaction ID : SA11AI.8185
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Matthews, Wanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 South Bolivar Street
 City Cleveland State MS Zip Code 38732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Delta
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 01 / 17 / 2023
Transaction ID : SA11AI.8102
 Amount of Each Receipt this Period 675.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2122.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
<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. Matthews, Wanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 South Bolivar Street
 City Cleveland State MS Zip Code 38732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Delta
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1075.00

Date of Receipt **05 / 30 / 2023**
Transaction ID : SA11AI.8152
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Matthews, Wanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 South Bolivar Street
 City Cleveland State MS Zip Code 38732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Delta
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2410.00

Date of Receipt **06 / 27 / 2023**
Transaction ID : SA11AI.8198
 Amount of Each Receipt this Period 1335.00
 Memo Item

C. McDowell, Tiffany, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 302 Alcorn Drive
 City Corinth State MS Zip Code 38834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Cornerstone
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **05 / 30 / 2023**
Transaction ID : SA11AI.8188
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2485.00
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 12 OF 20
<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. McDowell, Tiffany, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 302 Alcorn Drive
 City Corinth State MS Zip Code 38834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Cornerstone
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **06 / 27 / 2023**
Transaction ID : SA11AI.8215
 Amount of Each Receipt this Period 750.00
 Memo Item

B. 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 ▼ 909.04

Date of Receipt **03 / 23 / 2023**
Transaction ID : SA11AI.8116
 Amount of Each Receipt this Period 909.04
 Memo Item

C. Munden, Kim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 FM 3220
 City Clifton State TX Zip Code 76634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Willow Park
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **03 / 23 / 2023**
Transaction ID : SA11AI.8115
 Amount of Each Receipt this Period 1500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3159.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Munoz, Anna Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 81349
 City Corpus Christi State TX Zip Code 78468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Gulf Shores
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1587.00

Date of Receipt **03 / 23 / 2023**
Transaction ID : SA11AI.8112
 Amount of Each Receipt this Period 1587.00
 Memo Item

B. Munoz, Anna Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 81349
 City Corpus Christi State TX Zip Code 78468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Gulf Shores
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1589.00

Date of Receipt **06 / 27 / 2023**
Transaction ID : SA11AI.8195
 Amount of Each Receipt this Period 2.00
 Memo Item

C. Myles, Rebecca R., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 120
 City Minden State LA Zip Code 70158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Pierrepoint
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **03 / 17 / 2023**
Transaction ID : SA11AI.8113
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2339.00
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 14 OF 20
<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. Myles, Rebecca R., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 120
 City Minden State LA Zip Code 70158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Pierrepoint
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1205.00

Date of Receipt **05 / 30 / 2023**
Transaction ID : SA11AI.8134
 Amount of Each Receipt this Period 455.00
 Memo Item

B. Ortega, Fransheska, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 South 7th Street
 City Carrizo Springs State TX Zip Code 78834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Whispering Springs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 27 / 2023**
Transaction ID : SA11AI.8210
 Amount of Each Receipt this Period 500.00
 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 ▼ 1500.00

Date of Receipt **06 / 27 / 2023**
Transaction ID : SA11AI.8199
 Amount of Each Receipt this Period 1500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2455.00
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 15 OF 20
	<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 ▼ 460.43

Date of Receipt 06 / 30 / 2023
Transaction ID : SA11AI.8092
 Amount of Each Receipt this Period 460.43
 Memo Item
 payroll deduction \$ 32.09 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 ▼ 1500.00

Date of Receipt 06 / 27 / 2023
Transaction ID : SA11AI.8214
 Amount of Each Receipt this Period 1500.00
 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 ▼ 750.00

Date of Receipt 06 / 27 / 2023
Transaction ID : SA11AI.8217
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2710.43
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 16 OF 20
<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. 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 ▼ 455.00

Date of Receipt **01 / 17 / 2023**
Transaction ID : SA11AI.8103
 Amount of Each Receipt this Period 455.00
 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 ▼ 1306.00

Date of Receipt **03 / 23 / 2023**
Transaction ID : SA11AI.8118
 Amount of Each Receipt this Period 851.00
 Memo Item

C. 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 ▼ 1898.00

Date of Receipt **05 / 30 / 2023**
Transaction ID : SA11AI.8144
 Amount of Each Receipt this Period 592.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1898.00
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: PAGE 17 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zepponi, Debra, , ,

Mailing Address **401 US Highway 82 West**

City **Indianola** State **MS** Zip Code **38751**

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

Name of Employer (for Individual) **Nexion Health** Occupation (for Individual) **Administrator-Indianola**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
06 / 27 / 2023

Transaction ID : SA11AI.8213

Amount of Each Receipt this Period
850.00

Memo Item

B. 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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	29318.47

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 20
<input 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 checked="" 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. JULIA LETLOW FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 905 JULIA ST

City RAYVILLE	State LA	Zip Code 71269
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00766428

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2022
 Primary General
 Other (specify) **Runoff**

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		30		2023

Transaction ID : SA16.8091

Amount of Each Receipt this Period
800.00

Memo Item
Contribution refund from donation to Letlow Victory on 8/8/22

B.
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
-----	---	-----	---	---------

Amount of Each Receipt this Period

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	800.00

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"/> 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. HEARTLAND VALUES PAC

Mailing Address P.O. BOX 505

City
SIOUX FALLS

State
SD

Zip Code
57101

Purpose of Disbursement
contribution

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			06			2023			

FEC Identification Number

C C00409003

Transaction ID : SB23.8192

Amount of Each Disbursement this Period

5000.00

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) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			06			2023			

FEC Identification Number

C C00027466

Transaction ID : SB23.8191

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SFA FUND, INC.

Mailing Address 1305 W 11TH STREET
#217

City
HOUSTON

State
TX

Zip Code
77008

Purpose of Disbursement
contribution

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			17			2023			

FEC Identification Number

C C00828061

Transaction ID : SB23.8110

Amount of Each Disbursement this Period

6600.00

Memo Item

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

14100.00

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

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

A. TROY CARTER FOR CONGRESS

Full Name (Last, First, Middle Initial)
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: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement: 05 / 04 / 2023

FEC Identification Number: **C** C00763649
Transaction ID : SB23.8190

Amount of Each Disbursement this Period: 5000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

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: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

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: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	19100.00