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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Th	nan An Authorized	I Committe	e	ı	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRI		mple: If typing	g, type	12FE4M5	
NEXION HEALTH FU	ND FOR Q	UALITY LONG 1	ERM CAF	RE INC		
ADDRESS (number and street)	228 S WASH	HINGTON STREET SUIT	E 115			
Check if different than previously reported. (ACC)	ALEXANDR	IA			VA	22314
2. FEC IDENTIFICATION N	UMBER ▼	CITY ▲		S	STATE A	ZIP CODE ▲
C C00434233		3. IS THIS REPORT	x (N	EW I) OR	AME (A)	NDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Due Or	Mar 20 (M3)	Jı	lay 20 (M5) un 20 (M6)	Aug 20	0 (M9) Dec 20 (M12) (Non-Election Year Only) Dec 27 (M12) (Non-Election Year Only)
April 15 Quarterly Report (July 15 Quarterly Report (October 15 Quarterly Report (January 31 Year-End Report (Q2) (C) 12 PF R6 Q3)	-Day RE-Election eport for the:	Primary (12P) Convention (1	2C)	General (1:	
July 31 Mid-Year Report (Non-electi Year Only) (MY) Termination Repor (TER)	on (d) 30 PC	-Day DST-Election eport for the: Election on	General (30G))	Runoff (30	
5. Covering Period 0	M / D D D 11 01	2023	through	M M M	30	2023
I certify that I have examined to Type or Print Name of Treasure	Kirley, Franc	to the best of my knoriss P., , ,	wledge and be	elief it is true	e, correct and	complete.
Signature of Treasurer Kirl	ey, Francis P., , ,		[Electronically	Filed] Da	ate 07	/ 31 / Y Y Y Y Y Y Y Z 2023
NOTE: Submission of false, error	neous, or incomp	olete information may su	bject the person	on signing thi	s Report to the	penalties of 52 U.S.C. § 30109
Office Use Only						FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC.

		COLUMN A	COLUMN B
		This Period	Calendar Year-to-Date
3 .	(a) Cash on Hand January 1, 2023		35588.42
	(b) Cash on Hand at Beginning of Reporting Period	35588.42	
	(c) Total Receipts (from Line 19)	40539.88	40539.88
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	76128.30	76128.30
.	Total Disbursements (from Line 31)	19100.00	19100.00
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	57028.30	57028.30
١.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

R	eport Covering the Period: From:		: 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	ndividuals/Persons Other							
	(i) Itemized (use Schedule A)	29318.47	29318.47						
	(ii) Unitemized(iii) TOTAL (add	10421.41	10421.41						
	Lines 11(a)(i) and (ii)	39739.88	39739.88						
	(b) Political Party Committees	0.00	0.00						
	(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						
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00						
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00						
16.	Refunds of Contributions Made to Federal Candidates and Other								
17.	Political Committees Other Federal Receipts	800.00	800.00						
18.	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00						
	(from Schedule H3)	0.00	0.00						
	(b) Levin Funds (from Schedule H5)	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

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
 Operating Expenditures: – (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 		Caronaa Tour to Suto		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating		200		
Expenditures (c) Total Operating Expenditures	0.00	0.00		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	19100.00	19100.00		
Independent Expenditures	4 4	4 4		
(use Schedule E)	0.00	0.00		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share	0.00	0.00		
		4 4		
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00		
Entirely With Federal Funds	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10400.00	40400 00		
Total Federal Disbursements	19100.00	19100.00		
(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 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 39739.88 39739.88 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 39739.88 39739.88 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 0.00 0.00 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 0.00 0.00 (subtract Line 37 from Line 36)

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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR	QUALITY LONG TERM CARE IN	С
Full Name of Individual (Last, First, Middle Ir Barbera, Bradley, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 150 Percy Brown Road		05 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8204
Thibodeaux	LA 70301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Nexion Health	Administrator-Thibodeaux	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name of Individual (Last, First, Middle Ir Barbera, Bradley, , ,	 nitial) or Full Organization Name	Date of Receipt
Mailing Address 150 Percy Brown Road		06 27 2023
City	State Zip Code	
Thibodeaux	LA 70301	Transaction ID : SA11AI.8208 Amount of Each Receipt this Period
	1 1001	Amount of Lacif neceipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Thibodeaux	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name of Individual (Last, First, Middle Ir Cash, Julie, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2303 Cole Circle		05 30 2023
City	State Zip Code	Transaction ID : SA11AI.8150
Bossier City	LA 71111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3000.00
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Claiborne	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	3000.00	
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	4200.00
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may not be sold or used by any the name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FO	R QUALITY LONG TERM CARE	EINC
Full Name of Individual (Last, First, Middle Clayton, Denise L., , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 335 Horseshoe Drive		01 17 2023
City	State Zip Code	Transaction ID : SA11AI.8104
Many	LA 71449	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Many	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle Clayton, Denise L., , , Mailing Address 335 Horseshoe Drive	Initial) or Full Organization Name	Date of Receipt
		05 30 2023
City	State Zip Code	Transaction ID : SA11AI.8153
Many	LA 71449	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Many	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name of Individual (Last, First, Middle C. Eddings, Cametrica, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 116 Mourning Dove		03 23 2023
City Navasota	State Zip Code TX 77868	Transaction ID : SA11AI.8111
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 750.00
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Golden Creek	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	750.00	
SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line numl	ber only)	

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	id Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOI	R QUALITY LONG TERM CARE IN	С
Full Name of Individual (Last, First, Middle Eddings, Cametrica, , , Mailing Address 116 Mourning Dove	Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	06 27 2023 Transaction ID : SA11Al.8216
Navasota	TX 77868	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Nexion Health	Administrator-Golden Creek	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name of Individual (Last, First, Middle Ellis, Danette, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 314 Highway 663		06 27 2023
City	State Zip Code	Transaction ID : SA11Al.8197
Morgan City	LA 70380	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	700.00
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Regional Director	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 215 Azalea Drive		01 17 2023
City	State Zip Code	Transaction ID : SA11AI.8093
Donner	LA 70352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	700.00
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Maison Bienvenue	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify)	700.00	
SUBTOTAL of Receipts This Page (optional))	2150.00
TOTAL This Period (last page this line numb	per only)	

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name of Individual (Last, First, Middle Hasty, Amanda Lynn, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 120 Estelle Drive		03 23 2023
City	State Zip Code	Transaction ID : SA11AI.8117
Vicksburg	MS 39180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	500.00	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Nexion Health	Administrator-Natchez	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	
Haws, Dennis, , ,		Date of Receipt
Mailing Address 4509 Lake View Drive		06 27 2023
City	State Zip Code	Transaction ID : SA11AI.8200
Wichita Falls	TX 76308-3308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1300.00
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1300.00	
Full Name of Individual (Last, First, Middle Jackson, Zakiyo F., , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 704 S. West Main Avenue		- <u> </u>
704 5. West Main Avenue		06 27 2023
City	State Zip Code	Transaction ID : SA11AI.8211
Mound Bayou	MS 38762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1150.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Nexion Health	Administrator-Crystal	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	4450.00	
Other (specify)	1150.00	

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Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR	R QUALITY L	ONG TERM CARE I	NC			
Full Name of Individual (Last, First, Middle Luckett, Gina, , , Mailing Address 1700 N. Washington Avenue		anization Name	Date of Receipt			
	-		05 30 2023			
City Bilat Baint	State	Zip Code 76258	Transaction ID : SA11AI.8176			
Pilot Point	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	697.00					
Name of Employer (for Individual) Nexion Health						
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 697.00				
Full Name of Individual (Last, First, Middle I MacFarlane, Stephanie C., , ,	Initial) or Full Orga	anization Name	Date of Receipt			
Mailing Address 9055 Wynstone Drive	Ctata	Zin Codo	05 30 Y Y Y Y Y Y Y			
City Jefferson	State	Zip Code 57038	Transaction ID : SA11AI.8185 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		750.00			
Name of Employer (for Individual) Nexion Health		ation (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 750.00				
Full Name of Individual (Last, First, Middle I	Initial) or Full Orga	anization Name	Date of Receipt			
Mailing Address 202 South Bolivar Street			01 17 2023			
City Cleveland	State MS	Zip Code 38732	Transaction ID : SA11AI.8102			
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 675.00			
Name of Employer (for Individual) Nexion Health		ation (for Individual) strator-Delta	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 675.00				
SUBTOTAL of Receipts This Page (optional)			2122.00			
TOTAL This Period (last page this line number	er only)					

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used he name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOF	QUALITY LONG TERM	CARE INC					
Full Name of Individual (Last, First, Middle Matthews, Wanda, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 202 South Bolivar Street		05 30 2023					
City							
Cleveland	MS 38732	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	y III						
Name of Employer (for Individual) Nexion Health	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	75.00					
Full Name of Individual (Last, First, Middle Matthews, Wanda, , , Mailing Address 202 South Bolivar Street	nitial) or Full Organization Name	Date of Receipt					
		06 27 2023					
City	State Zip Code 38732	Transaction ID : SA11AI.8198					
Cleveland	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	1335.00					
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Delta	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	4 4 24	10.00					
Full Name of Individual (Last, First, Middle C. McDowell, Tiffany, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 302 Alcorn Drive		05 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Corinth	State Zip Code 38834	Transaction ID : SA11AI.8188					
-		Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	750.00					
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Cornerstone	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify)		50.00					
SUBTOTAL of Receipts This Page (optional).		2485.00					
TOTAL This Period (last page this line number	er only)						

		LINE	PAGE	 12	OF	20			
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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not the name and addres	t be sold or used by any pe ss of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR	R QUALITY LO	NG TERM CARE II	NC
Full Name of Individual (Last, First, Middle McDowell, Tiffany, , ,	Initial) or Full Organi:	zation Name	Date of Receipt
Mailing Address 302 Alcorn Drive			06 27 2023
City		Zip Code	Transaction ID : SA11AI.8215
Corinth	MS	38834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		750.00	
Name of Employer (for Individual) Nexion Health	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 1500.00	
Full Name of Individual (Last, First, Middle McQueary, Jennifer Lynn, , ,	Initial) or Full Organiz	zation Name	Date of Receipt
Mailing Address 825 Sky Creek Court			03 23 2023
City	State 7X	Zip Code 76179	Transaction ID : SA11Al.8116
Saginaw FEC ID number of contributing federal political committee.	C	76179	Amount of Each Receipt this Period 909.04
Name of Employer (for Individual) Nexion Health		on (for Individual) rator-Renaissance	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 909.04	
Full Name of Individual (Last, First, Middle . Munden, Kim, , ,	Initial) or Full Organiz	zation Name	Date of Receipt
Mailing Address 1000 FM 3220			03 23 2023
City Clifton	State Z	Zip Code 76634	Transaction ID : SA11AI.8115 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1500.00
Name of Employer (for Individual) Nexion Health		on (for Individual) ator-Willow Park	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-	to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional).		>	3159.04
TOTAL This Period (last page this line number	er only)		

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	Statements may not be sold or used by any perse e name and address of any political committee to	
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR	QUALITY LONG TERM CARE IN	C
Full Name of Individual (Last, First, Middle In Munoz, Anna Lisa, , , Mailing Address P.O. Box 81349	itial) or Full Organization Name	Date of Receipt
City	State Zip Code	03 23 2023 Transaction ID : SA11AI.8112
Corpus Christi	TX 78468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1587.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Nexion Health	Administrator-Gulf Shores	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1587.00	
Full Name of Individual (Last, First, Middle In Munoz, Anna Lisa, , , Mailing Address P.O. Box 81349	itial) or Full Organization Name	Date of Receipt
		06 27 2023
City	State Zip Code	Transaction ID : SA11AI.8195
Corpus Christi	TX 78468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2.00
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Gulf Shores	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1589.00	
Full Name of Individual (Last, First, Middle In Myles, Rebecca R., , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address P.O. Box 120		03 17 2023
City	State Zip Code	Transaction ID : SA11AI.8113
Minden	LA 70158	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer (for Individual) Nexion Health	Memo Item	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	750.00	
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	2339.00
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be g the name and address of	e sold or used by any pe of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FC	R QUALITY LON	G TERM CARE II	NC				
Full Name of Individual (Last, First, Middle Myles, Rebecca R., , ,	e Initial) or Full Organizati	on Name	Date of Receipt				
Mailing Address P.O. Box 120			05 30 2023				
City							
Minden	LA 70	0158	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		455.00				
Name of Employer (for Individual) Nexion Health	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 1205.00					
Full Name of Individual (Last, First, Middl Ortega, Fransheska, , , Mailing Address 506 South 7th Street	e Initial) or Full Organizati	on Name	Date of Receipt				
City	State Zip	Code	06 27 2023				
Carrizo Springs	1 '	8834	Transaction ID : SA11AI.8210 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		500.00				
Name of Employer (for Individual) Nexion Health		(for Individual) or-Whispering Springs	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 500.00					
Full Name of Individual (Last, First, Middle Sweeney, Philip, , ,	e Initial) or Full Organizati	on Name	Date of Receipt				
Mailing Address 20 Davis Boulevard			06 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Jefferson	'	Code 121	Transaction ID : SA11AI.8199				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 1500.00				
Name of Employer (for Individual) Nexion Health, Inc.	Occupation ((for Individual) r	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-	Date ▼ 1500.00					
SUBTOTAL of Receipts This Page (optional	l)	>	2455.00				
TOTAL This Period (last page this line num	iber only)		1 1 40 1 1 40 1 1 40				

		LINE	PAGE	 15	OF	20			
(c	he	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR (QUALITY LONG TERM CARE IN	С
Full Name of Individual (Last, First, Middle Ini Walker, Penny, , ,	tial) or Full Organization Name	Date of Receipt
Mailing Address 107 East Ross		06 30 2023
City	State Zip Code TX 75165	Transaction ID : SA11AI.8092
Waxahachie	TX 75165	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	460.43
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Nexion Health	Dietician	payroll deduction \$ 32.09 bi-weekly
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	460.43	
Full Name of Individual (Last, First, Middle Ini Weaver, Christopher L., , ,	tial) or Full Organization Name	Date of Receipt
Mailing Address 143 Edgewood Boulevard		06 27 2023
City	State Zip Code	Transaction ID : SA11AI.8214
Oxford	MS 38655	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1500.00
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Holly Springs	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 428 St. Andrews Drive		06 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8217
Allen	TX 75002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer (for Individual) Nexion Health	Memo Item	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	750.00	
SUBTOTAL of Receipts This Page (optional)	>	2710.43
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:					PAGE	 16	OF	20	
(check only one)									
	X	11a		11b		11c	12		
		13		14		15	16		17

	Statements may not be sold or used by any persite name and address of any political committee to						
NAME OF COMMITTEE (In Full)	•						
/ NEXION HEALTH FUND FOR	QUALITY LONG TERM CARE IN	C					
Full Name of Individual (Last, First, Middle In Williams, Michael A., , ,	itial) or Full Organization Name	Date of Receipt					
Mailing Address P.O. Box 42	Mailing Address P.O. Box 42						
City	State Zip Code	01 17 2023 Transaction ID : SA11AI.8103					
La Ward	TX 77970	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	455.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Nexion Health	Administrator-Arbor Hills	_					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	0.0						
Other (specify) ▼	455.00						
Full Name of Individual (Last, First, Middle In Williams, Michael A., , ,	itial) or Full Organization Name	Date of Receipt					
Mailing Address P.O. Box 42		03 23 2023					
City	State Zip Code	Transaction ID : SA11AI.8118					
La Ward	TX 77970	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	851.00					
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Arbor Hills	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	1306.00						
Full Name of Individual (Last, First, Middle In Williams, Michael A., , ,	itial) or Full Organization Name	Date of Receipt					
Mailing Address P.O. Box 42		05 30 2023					
City	State Zip Code	Transaction ID : SA11AI.8144					
La Ward	TX 77970	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	592.00					
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Arbor Hills	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify)	1898.00						
SUBTOTAL of Receipts This Page (optional)		1898.00					
TOTAL This Period (last page this line number	only)						

FOR LINE NUMBER:					PAGE	 17	OF	20		
(check only one)										
l		X	11a		11b		11c	12		
l			13		14		15	16	;	17

	n using the name and address of any political committee to		
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND	D FOR QUALITY LONG TERM CARE IN	C	
Full Name of Individual (Last, First, Zepponi, Debra, , , Mailing Address 401 US Highway 82	Date of Receipt		
City	State Zip Code	06 27 2023 Transaction ID : SA11AI.8213	
Indianola	MS 38751	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	850.00	
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Indianola	Memo Item	
Receipt For:	Agregate Year-to-Date ▼		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		
3	Middle Initial) or Full Organization Name	Date of Receipt	
Mailing Address		M = M / D = D / Y = Y = Y	
City	State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼		
Full Name of Individual (Last, First,	Middle Initial) or Full Organization Name	Date of Receipt	
Mailing Address		M = M / D = D / Y = Y = Y	
City	State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	, , , , , , , , , , , , , , , , , , ,	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼		
SUBTOTAL of Receipts This Page (o	optional)	850.00	
	ne number only)	29318.47	

	F	FOR LINE NUMBER: PAGE 18 OF								20	
Use separate schedule(s) for each category of the	((che	ck only	or	ıe)						
Detailed Summary Page			11a		11b		11c		12		
., .,			13		14		15	X	16		17

		Date of Receipt						
	Mailing Address 905 JULIA ST							
	State Zip Code	Transaction ID : SA16.8091						
YVILLE	LA 71269	Amount of Each Receipt this Period						
CID number of contributing eral political committee.	C C00766428	800.00						
ne of Employer (for Individual)	Occupation (for Individual)	Memo Item Contribution refund from donation to Letlow Victory						
eipt For: 2022 Primary General	Aggregate Year-to-Date ▼	8/8/22						
Other (specify) ▼ Runoff	800.00							
Name of Individual (Last, First, Middle In	Date of Receipt							
ing Address		M = M / D = D / Y = Y = Y = Y						
	State Zip Code	Amount of Each Receipt this Period						
C ID number of contributing eral political committee.	C	The state of the s						
ne of Employer (for Individual)	Occupation (for Individual)	Memo Item						
eipt For:	Aggregate Vear-to-Date ▼							
Primary General Other (specify) ▼	A A A							
Name of Individual (Last, First, Middle In	Date of Receipt							
ling Address		Date of Receipt						
	State Zip Code							
C ID number of contributing eral political committee.	C	Amount of Each Receipt this Period						
ne of Employer (for Individual)	Occupation (for Individual)	Memo Item						
eipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼							
	eipt For: 2022 Primary General Other (specify) Runoff Name of Individual (Last, First, Middle Ining Address CID number of contributing eral political committee. The of Employer (for Individual) The ing Address CID number of contributing General Other (specify) Name of Individual (Last, First, Middle Ining Address CID number of contributing General political committee. The of Employer (for Individual) The ing Address CID number of contributing General political committee. The of Employer (for Individual) The ing Address CID number of Contributing General	eipt For: 2022 Primary General Other (specify) Runoff Name of Individual (Last, First, Middle Initial) or Full Organization Name ing Address State						

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SCHEDULE B (FEC	Form 3X)			FOR LINE NUMBER: PAGE 19 OF 20				
ITEMIZED DISBURSE	MENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	nly one) b 22 x 23 26 27			
					on for the purpose of soliciting contributions			
or for commercial purposes, othe NAME OF COMMITTEE (In F	<u>_</u>	me and add	lress of any politi	cal committee to	solicit contributions from such committee.			
NEXION HEALTH F	,	JALITY L	LONG TERM	A CARE IN	С			
Full Name (Last, First, Middle A. HEARTLAND VALUE)	,				Date of Disbursement			
— TEARTLAND VALU	ES PAC	M M / D D / Y Y Y Y						
Mailing Address P.O. BOX 505	Mailing Address P.O. BOX 505							
City SIOUX FALLS		State SD	Zip Code 57101		FEC Identification Number			
Purpose of Disbursement			0.101		C C00409003			
contribution Candidate Name					Transaction ID : SB23.8192			
Candidate Name				Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House		ement For:			5000.00			
Senate Preside		Primary Other (spe	General ecify) ▼		Memo Item			
State: District:					Memo Rem			
Full Name (Last, First, Middle B. NRSC	Initial)				Date of Disbursement			
D. NKSC			M M / D D / Y Y Y Y Y					
Mailing Address 425 SECONI	O STREET NE	06 06 2023						
City WASHINGTON		State DC	Zip Code 20002		FEC Identification Number			
Purpose of Disbursement			20002		C C00027466			
contribution Candidate Name				Transaction ID : SB23.8191				
Candidate Name				Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House		ement For:			2500.00			
Senate Preside		Primary Other (spe	General					
State: District:		(opo	,,		Memo Item			
Full Name (Last, First, Middle	Initial)				Data of Disharanana			
C. SFA FUND, INC.		Date of Disbursement						
Mailing Address 1305 W 11TH #217	STREET				03 17 2023			
City		State	Zip Code		FEC Identification Number			
HOUSTON Purpose of Disbursement		TX	77008	C C00828061				
contribution Candidate Name				Category/	Transaction ID : SB23.8110 Amount of Each Disbursement this Period			
Office Courses	D: 1			Type				
Office Sought: House Senate		ement For: Primary	General		6600.00			
Preside	ent	Other (specify) ▼			Memo Item			
State: District:								
SUBTOTAL of Disbursements T	his Page (optional)				14100.00			
TOTAL This Period (last page the	nis line number only	y)						

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SCHEDULE B (FEC Form 3X)	11	FOR LINE NUMBER: PAGE 20 OF 20					
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(CILCUIT OTTIS					
	Detailed Summary Page		22 x 23 26 27 28c 29 30b				
Any information copied from such Reports and Statem	nents may not be sold or u						
or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)	A L LTX / L O L LO T T T T						
angle NEXION HEALTH FUND FOR QUA	ALITY LONG TER	M CARE IN	C				
Full Name (Last, First, Middle Initial)							
A. TROY CARTER FOR CONGRESS			Date of Disbursement				
Mailing Address P.O. BOX 50730			05 04 2023				
61							
,	State Zip Code LA 70150		FEC Identification Number				
Purpose of Disbursement			C C00763649				
contribution Candidate Name			Transaction ID : SB23.8190				
CARTER, TROY 'C', , ,		Category/ Type	Amount of Each Disbursement this Period				
	nent For: 2024	.,,,,,	5000.00				
	Primary General						
State: LA District: 02	Other (specify) ▼		Memo Item				
Full Name (Last, First, Middle Initial)							
В.			Date of Disbursement				
Mailing Address			M = M / D = D / Y = Y = Y				
City	State Zip Code		FEC Identification Number				
Purpose of Disbursement			C				
Candidate Name		Category/	Amount of Each Disbursement this Period				
Office Sought: House Disbursem	nent For:	Туре					
	Primary General						
President State: District:	Other (specify)		Memo Item				
Full Name (Last, First, Middle Initial)							
C.			Date of Disbursement				
Mailing Address			M = M / D = D / Y = Y = Y				
maining Address	Mailing Address						
City	State Zip Code		FEC Identification Number				
Purpose of Disbursement	Purpose of Disbursement						
•							
Candidate Name	Category/						
Office Sought: House Disbursem	Type						
	Primary General		7 7				
	Other (specify) ▼		Memo Item				
State: District:							
SUBTOTAL of Disbursements This Page (optional)			5000.00				
			1010000				
TOTAL This Period (last page this line number only).			19100.00				