02/02/2010 18:26

Image# 10990264193

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than An Author	rized Committee	Office U	se Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ₩	Example:If typing, type over the lines		
NEXION HEALTH FUND F	OR QUALITY LONG TERM CARE	INC		
ADDRESS (number and street)	228 S WASHINGTON STREE	ET SUITE 115		
Check if different than previously reported. (ACC)	ALEXANDRIA		VA 2	2314
2. FEC IDENTIFICATION NUI	MBER ♥ CITY	4	STATE	ZIPCODE 🛕
C00434233	3. IS THE		AMENDED (A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report(0 July 15 Quarterly Report(0 October 15 Quarterly Report(0 X January 31 Quarterly Report(1 July 31 Mid-Year Report(Non-election Year Only) (MY)  Termination Report(TER)	Q2) (c) 12-Day PRE-Election Report for the:  Q3)  YE) Election o  (d) 30-Day Post -Election Report for the:	(M3) Jun 20 (M6) (M4) Jul 20 (M7)  Primary (12P)  Convention (12C)  On  General (30G)	H	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)  Runoff (12R)  in the State of  Special (30S)
5. Covering Period 0	7 01 2009	through 12	31 2009	
Type or Print Name of Treasurer	Francis P. Kirley  onically Filed by Francis P. Kirley	edge and belief it is true, correc	t and complete.  Date 0 2 0	2 010
NOTE : Submission of false, erro	oneous, or incomplete information ma	ay subject the person signing t	his Report to the penalties	s of 2 U.S.C 437g.
Office Use				C FORM 3X ev. 12/2004)

FE6AN026

# **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 2/16 Write or Type Committee Name NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC D D " D 07 0 1 2009 12 31 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 25993.13 January 1 (b) Cash on Hand at 32490.36 Begining of Reporting Period ..... 19054.60 39101.83 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 51544.96 65094.96 6(a) and 6(c) for Column B) ..... 9250.00 22800.00 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 42294.96 42294.96 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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. 06/2004) 3 / 16

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Report Covering the Period:

From: 0.7

M D D D 0 1

2009

то.

м м 1 2 <sup>D</sup> 31

<sup>Y</sup> 2009

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	12134.10	26368.95
(ii) Unitemized	6920.50	12732.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19054.60	39101.83
(b) Political Party Committees	0.00	0.00
<ul><li>(c) Other Political Committees</li><li>(such as PACs)</li><li>(d) Total Contributions (add Lines</li></ul>	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19054.60	39101.83
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. 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
Refunds of Contributions Made     to Federal candidates and Other     Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. 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 Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19054.60	39101.83
. Total Federal Receipts (subtract Line 18(c) from Line 19)	19054.60	39101.83

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/16

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	50.00
	(c) Total Operating Expenditures	0.00	50.00
2.	(add 21(a)(i), (a)(ii) and (b))	0.00	30.00
	Committees Contributions to	0.00	0.00
).	Federal Candidates/Committees and Other Political Committees	9250.00	22750.00
١.	Independent Expenditure	0.00	0.00
).	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
3.	Refunds of Contributions To:  (a) Individuals/Persons Other Theor Political Committees	0.00	0.00
	Than Political Committees		
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
).	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared 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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9250.00	22800.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	0050.00	00000 00
	from Line 31)	9250.00	22800.00

# **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 16

III. Ne	et Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ibutions (other than loans) 1(d), page 3)	19054.60	39101.83
	ibution Refunds 28(d))	0.00	0.00
	utions (other than loans) ine 34 from Line 33)	19054.60	39101.83
	ral Operating Expenditures 1(a)(i) and Line 21(b))	0.00	50.00
	Operating Expenditures 15, page 3)	0.00	0.00
•	ng Expenditures ne 37 from Line 36)	0.00	50.00

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 16 (check only one)    X   11a
or for commercial purposes, other than using t	Statements may not be sold or used by any person he name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  NEXION HEALTH FUND FOR QUAI	LITY LONG TERM CARE INC	
Full Name (Last, First, Middle Initial) Hollie Adams		Date of Receipt
Mailing Address 2759 CR 1490	7.0.1	12 31 2009
City Center	State Zip Code TX 75935	Transaction ID: SA11AI.4669  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 75555	427.90
Name of Employer Nexion Health	Occupation Administrator	payroll deduction \$ 32.91 bi-weekly
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1610.30	
Full Name (Last, First, Middle Initial) Brad Barnes		Date of Receipt
Mailing Address 2615 Falcon Knoll		12 31 2009
City	State Zip Code	Transaction ID: SA11AI.4670
Katy	TX 77494	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	819.52
Name of Employer Nexion Health	Occupation Administrator	payroll deduction \$ 63.04 bi-weekly
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2427.79	]
Full Name (Last, First, Middle Initial) Bretton J. Bolt		Date of Receipt
Mailing Address 1704 Lake Forest Ro	pad	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4671
Finksburg  FEC ID number of contributing federal political committee.	MD 21048	Amount of Each Receipt this Period 826.00
Name of Employer Nexion Health	Occupation EVP & CFO	payroll decuction \$ 63.53 bi-weekly
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3983.83	
SUBTOTAL of Receipts This Page (optional)		2073.42
TOTAL This Period (last page this line numb	•	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 16 (check only one)    X   11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions
NEXION HEALTH FUND FOR QU	ALITY LONG TERM CARE INC	
Full Name (Last, First, Middle Initial) Ruth Brown Mailing Address P.O. Box 16		Date of Receipt
City	State Zip Code	09 09 2009  Transaction ID: SA11Al.4733
Bogata  FEC ID number of contributing federal political committee.	TX 75417	Amount of Each Receipt this Period  180.00
Name of Employer Nexion Health	Occupation Health care administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial) Sherri Clark		Date of Receipt
Mailing Address P.O. Box 933		12 31 2009
City	State Zip Code	Transaction ID: SA11AI.4672
Quitman	TX 75783	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	698.88 payroll decuction \$ 53.76
Name of Employer Nexion Health	Occupation RDO	bi-weekly
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1339.07	
Full Name (Last, First, Middle Initial) James N. Davidson		Date of Receipt
Mailing Address 820 Longleaf Stree	et .	12 01 2009
City	State Zip Code	Transaction ID: SA11AI.4833
Vidor  FEC ID number of contributing federal political committee.	TX 77662	Amount of Each Receipt this Period 750.00
Name of Employer Nexion Health	Occupation Administrator-Village Creek Rehab. C	itr
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SURTOTAL of Receipts This Page (option	al)	1628.88

Mailing Address 182 Westridge   Tansaction ID: SA11AI.4781	ITE Any	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS  Information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 16 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
A. Edward L. Graham  Mailing Address 182 Westridge  City State Zip Code Huntsville TX 77340 9929  FEC ID number of contributing federal political committee.  Name of Employer Aggregate Year-to-Date ▼ Primary General Other (specity) ▼  FEU Name (Last, First, Middle Initial)  Merrice F. Hawk  Mailing Address 5728 Pebble Ridge Drive  City State Zip Code TX 75070  FEU Name (Last, First, Middle Initial)  Receipt For: Primary General Other (specity) ▼  Full Name (Last, First, Middle Initial)  Merrice F. Hawk  Mailing Address 5728 Pebble Ridge Drive  City State Zip Code TX 75070  FEU D number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For: Primary General Other (specity) ▼  Full Name (Last, First, Middle Initial)  Merrice F. Hawk  Mailing Address 5728 Pebble Ridge Drive  City State Zip Code TX 75070  FUll Name (Last, First, Middle Initial)  Merrice F. Hawk  Mailing Address 5728 Pebble Ridge Drive  City State Zip Code Ty Primary General Other (specity) ▼  Full Name (Last, First, Middle Initial)  Merrice F. Hawk  Mailing Address 5728 Pebble Ridge Drive  City State Zip Code Ty 750.00  Date of Receipt  TY 750.00  Date of Receipt  TY 750.00  Transaction ID: SA11Al.4673  Amount of Each Receipt this Period  Ty 750.00  Date of Receipt  TY 750.00  Transaction ID: SA11Al.4673  Amount of Each Receipt this Period  TY 750.00  Transaction ID: SA11Al.4673  Amount of Each Receipt this Period  TY 750.00  Transaction ID: SA11Al.4673  Amount of Each Receipt this Period  TY 750.00  Transaction ID: SA11Al.4673  Amount of Each Receipt this Period  TY 750.00  Transaction ID: SA11Al.4673  Amount of Each Receipt this Period  TY 750.00  Transaction ID: SA11Al.4673  Amount of Each Receipt this Period  TY 750.00  Ty 750.00  Transaction ID: SA11Al.4673  Amount of Each Receipt this Period  TY 750.00  Ty 750.00  Transaction ID: SA11Al.4673  Amount of Each Receipt this Period  TY 750.00  Ty 750.00	or fo	or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	solicit contributions from such committee.
City State Zip Code Huntsville TX 77340-8929  FEC ID number of contributing federal political committee.    Name of Employer   Cocupation   Administrator-Humble Healthcare Center   Receipt For:   Primary   General   Other (specify) ▼	<b>A.</b> _	Edward L. Graham			<del>-</del>
Huntsville TX 77340-8929  FEC ID number of contributing tederal political committee.  Name of Employer Nexton Health Receipt For: Primary General Other (specify) ▼	ľ	viailing Address 182 Westridge			
FEC ID number of contributing federal political committee.  Name of Employer Nexon Health  Receipt For:					
Name of Employer Nexion Health Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Receipt For: Pull Name (Last, First, Middle Initial)  B. Merrice F. Hawk Malling Address 5728 Pebble Ridge Drive  City State Zip Code TX 75070  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Date of Receipt  Name of Employer Nexion Health Naministrator  Receipt For: Primary General Other (specify) ▼  Date of Receipt  Transaction ID: SA11AI J.4834  Amount of Each Receipt this Period  Total Name (Last, First, Middle Initial)  Merrice F. Hawk Malling Address 5728 Pebble Ridge Drive  City State Zip Code TX 75070  Full Name (Last, First, Middle Initial)  Merrice F. Hawk Malling Address 5728 Pebble Ridge Drive  City McKinney  FEC ID number of contributing federal political committee.  City Aggregate Year-to-Date  City Administrator  Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼	_		TX	77340-8929	Amount of Each Receipt this Period
Receipt For:     Primary			C		750.00
Primary	<u>1</u> 1	Name of Employer Nexion Health			nter
Merritee F. Hawk Mailing Address 5728 Pebble Ridge Drive  City State Zip Code TX 75070  FEC ID number of contributing federal political committee.  C.  Full Name (Last, First, Middle Initial) Merritee F. Hawk Mailing Address 5728 Pebble Ridge Drive  City State Zip Code TX 75070  Cocupation Administrator  Aggregate Year-to-Date ▼  Primary Other (specify) ▼  City State Zip Code Milling Address 5728 Pebble Ridge Drive  City State Zip Code TX 75070  Date of Receipt  Milling Address 5728 Pebble Ridge Drive  City State Zip Code TX 75070  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.4673  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  1670.18	i	Primary General	Aggregate	750.00	
City State Zip Code McKinney TX 75070  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For: Primary General Other (specify) ▼  Name of Employer Name of Employer Name (Last, First, Middle Initial)  City State Zip Code Transaction ID: SA11AI.4834 Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AI.4834  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AI.4673  Date of Receipt  Transaction ID: SA11AI.4673  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AI.4673  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  1670.18					Date of Receipt
McKinney  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For:    Primary   General Other (specify) ▼	ľ	Mailing Address 5728 Pebble Ridge Dr	rive		
FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For:  Primary General Other (specify) ▼  C.  Full Name (Last, First, Middle Initial)  Merrilee F. Hawk  Mailing Address 5728 Pebble Ridge Drive  City State Zip Code TX 75070  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For:  Name of Employer Nexion Health  Receipt For:  Primary General Occupation Administrator  Receipt For:  Primary General Occupation Administrator  Aggregate Year-to-Date ▼  1083.62  Date of Receipt  Transaction ID: SA11AI.4673  Amount of Each Receipt this Period  586.56  payroll deduction \$ 45.12			State	Zip Code	Transaction ID: SA11Al.4834
Name of Employer Nexion Health  Receipt For:  Primary General  Other (specify) ▼  C.  Full Name (Last, First, Middle Initial)  Merrilee F. Hawk  Mailing Address 5728 Pebble Ridge Drive  City State Zip Code  McKinney TX 75070  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For:  Primary General  Occupation  Administrator  Administrator  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  1083.62  Date of Receipt  M M M J J 2 0 0 9  Transaction ID: SA11AI.4673  Amount of Each Receipt this Period  586.56  Dayroll deduction \$ 45.12  Dayroll deduction \$ 45.12	Ī	McKinney	TX	75070	Amount of Each Receipt this Period
Receipt For:    Primary			C		500.00
Primary General Other (specify) ▼    Date of Receipt	- 1 1	Name of Employer Nexion Health			
Merrilee F. Hawk  Mailing Address 5728 Pebble Ridge Drive  City State Zip Code McKinney TX 75070  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt 7	Ī	Primary General	Aggregate		
City  McKinney  TX  75070  State Zip Code  TX  75070  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  12  31  2009  Transaction ID: SA11AI.4673  Amount of Each Receipt this Period  586.56  Dayroll deduction \$ 45.12  bi-weeky					Date of Receipt
McKinney  TX 75070  Amount of Each Receipt this Period  586.56  C  Name of Employer Nexion Health  Receipt For:  Primary General  Other (specify) ▼  Amount of Each Receipt this Period  586.56  payroll deduction \$ 45.12  payroll deduction \$ 45.12  1670.18	1	Mailing Address 5728 Pebble Ridge Dr	rive		
FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For: Primary General Other (specify)   Aggregate Year-to-Date   Aggregate Year-to-Date   1670.18		•		•	
Receipt For:  Primary General Other (specify) ▼  Occupation Administrator  Aggregate Year-to-Date ▼  1670.18  Aggregate Year-to-Date ▼	-	·	IX	75070	Amount of Each Receipt this Period
Name of Employer Nexion Health  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  1670.18			C		
Primary General Other (specify) ▼  1670.18	_				bi-weeky
SUBTOTAL of Receipts This Page (ontional)	i	Primary General	Aggregate		
	QII	RTOTAL of Receipts This Page (optional)	1		1836.56

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

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	y of the Circle Colly only only
7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	NEXION HEALTH FUND FOR QUAL	TY LONG TERM CARE INC	
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Janice R. Hill		Date of Receipt
	Mailing Address 205 Rocky Mound Dr	ve	12 31 2009
	City	State Zip Code	Transaction ID: SA11AI.4674
	Lafayette	LA 70506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	295.58
	Name of Employer Nexion Health	Occupation RFS South Louisiana	payroll deduction \$ 22.73 bi-weekly
	Receipt For: Primary General	Aggregate Year-to-Date ▼	504.00
	Other (specify) ▼	0 0 0 0 0 0	561.20
В.	Full Name (Last, First, Middle Initial) Denise Honnoll	•	Date of Receipt
	Mailing Address 14971 SH 154E		12 31 7 2009
	City	State Zip Code	Transaction ID: SA11AI.4675
	Diana	TX 75640	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	477.09
	Name of Employer Nexion Health	Occupation Regional Clinical Speciali	payroll deduction \$ 36.69 bi-weekly
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼		920.00
_ C.	Full Name (Last, First, Middle Initial) Sheila J. Huskey	1	Date of Receipt
	Mailing Address 3501 Champion Lake #1109	Blvd.	09 / 24 / 2009
	City Shreveport	State Zip Code LA 71105-3778	Transaction ID: SA11AI.4746  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	224.00
	Name of Employer Nexion Health	Occupation Administrator-Claiborne H	lealthcare Ctr
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	224.00
Г		ı	L

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 16 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  NEXION HEALTH FUND FOR QUAL	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Sheila J. Huskey  Mailing Address 3501 Champion Lake #1109  City Shreveport  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health	State LA  C		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼		rator-Claiborne Healthcare C Year-to-Date ▼ 388.00	
Full Name (Last, First, Middle Initial) Marguerite P. Jenkins  Mailing Address 118 2nd Avenue  City Reistertown  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For: Primary General Other (specify)	State MD  C  Occupation Controlle  Aggregate		Date of Receipt  M M M / 2009  Transaction ID: SA11AI.4676  Amount of Each Receipt this Period  394.38  payroll deduction \$ 30.33 bi-weekly
Full Name (Last, First, Middle Initial) Brian P. Lee Mailing Address 517 Overdale Road  City Baltimore  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health, Inc.  Receipt For: Primary General Other (specify)	State MD  C  Occupation General Aggregate		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	808.38

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 16 (check only one)    X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	
NEXION HEALTH FUND FOR QUA Full Name (Last, First, Middle Initial)	ALITY LONG TERM CARE INC	1
Michael F. Louviere  Mailing Address 2200 Belle Ruelle		Date of Receipt  1 1 0 4 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.4799
New Iberia  FEC ID number of contributing federal political committee.	LA 70583-3075	Amount of Each Receipt this Period 500.00
Name of Employer Nexion Health	Occupation Health care administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Paula F. Lowrie		Date of Receipt
Mailing Address 1017 Misty Way		12 31 2009
City	State Zip Code	Transaction ID: SA11AI.4677
Garland  FEC ID number of contributing federal political committee.	TX 75040	Amount of Each Receipt this Period 295.84
Name of Employer Nexion Health	Occupation RFS East Texas	payroll deduction \$ 22.75 bi-weekly
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 559.66	
Full Name (Last, First, Middle Initial) Laura Lassie McDowell-Pappas		Date of Receipt
Mailing Address 18716 Falls Road		1 2 3 1 2 0 0 9
City Hampstead	State Zip Code MD 21074	Transaction ID: SA11AI.4678  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	415.66
Name of Employer Nexion Health, Inc.	Occupation Director, Purchasing & Finance	payroll deduction \$ 31.97 bi-weekly
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 718.45	
SUBTOTAL of Receipts This Page (optional	l)	1211.50

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 16 (check only one)    X   11a
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUALIT	name and add	dress of any political committee to	on for the purpose of soliciting contributions
∠ <b>.</b> .	Full Name (Last, First, Middle Initial) Cindi M. Phillips Mailing Address 4050 OP 400			Date of Receipt
	Mailing Address 1253 CR 480  City	State	Zip Code	1 2 3 1 2 0 0 9  Transaction ID: SA11Al.4679
	Mt. Pleasant FEC ID number of contributing federal political committee.	C	75455	Amount of Each Receipt this Period 291.69
	Name of Employer Nexion Health Receipt For:	,	n Clinical Specialist Year-to-Date	payroll deduction \$ 22.43 bi-weekly
	Primary General Other (specify) ▼	Aggregate	549.22	]
3.	Full Name (Last, First, Middle Initial) Shari Richey Mailing Address 1600 1/2 Webb Street			Date of Receipt  1 2 3 1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.4680
	Henderson	TX	75654	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 payroll deduction \$ 19.23
	Name of Employer Nexion Health	Occupation Administ	rator	bi-weekly
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
 :.	Full Name (Last, First, Middle Initial) Emmett A. Riner, III			Date of Receipt
	Mailing Address P.O. Box 391			12 15 2009
	City	State	Zip Code	Transaction ID: SA11AI.4836
	Naples  FEC ID number of contributing federal political committee.	C	75568	Amount of Each Receipt this Period 500.00
	Name of Employer Nexion Health	Occupation Administ	n rator-New Boston H'Ithcare (	—  Ctr
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	UBTOTAL of Receipts This Page (optional)	l		1041.69

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 16 (check only one)  X 11a 11b 11c 12 13 14 15 16
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		
Full Name (Last, First, Middle Initial) Meera Riner Mailing Address 513 Hillside Drive  City Auburndale  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For: Primary General Other (specify)	State Zip Code FL 33823  C  Occupation Vice-President for Operations  Aggregate Year-to-Date   3084.50	Date of Receipt    1 2
Full Name (Last, First, Middle Initial) Ruth R. Stelly  Mailing Address 6055 Highway 103  City Port Barre  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For:  Primary General Other (specify)	State Zip Code LA 70577  C  Occupation Health care administrator  Aggregate Year-to-Date   500.00	Date of Receipt  M M Z 4 Z 0 0 9  Transaction ID: SA11AI.4748  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Penny Walker  Mailing Address 107 East Ross  City  Waxahachie  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For:  Primary General Other (specify)	State Zip Code TX 75165  C  Occupation Dietician  Aggregate Year-to-Date  811.68	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)	<b></b>	2537.00

	(FEC Form	y Use ser	parate schedule(s)	FOR LINE (check only	NUMBER: PAGE 14 / 16
TEMIZED DIS	BURSEMEN	TS for each Detailed	n category of the d Summary Page	21b 27	22   X 23   24   25   2   28a   28b   28c   29   3
					or the purpose of soliciting contributions licit contributions from such committee
NAME OF COMM	MITTEE (In Full)	UALITY LONG TE			
•	First, Middle Initial)				Transaction ID: SB23.4854
ANNA ESHOO	FOR CONGRES	3			Date of Disbursement
Mailing Address	555 Capitol Ma	II, Suite 1425			12 15 7 2009
City Sacramento		State CA	Zip Code 95814		Amount of Each Disbursement this Period
Purpose of Disbut Contribution	rsement				1000.00
Candidate Name ANNA ESHOO				Category/ Type	
Office Sought:	X House Senate President	Disbursement For:  X Primary Other (sp	2010 General pecify)		
State: CA	District: 14				
Full Name (Last, F BENNET FOR	First, Middle Initial) COLORADO				<b>Transaction ID:</b> SB23.4822 Date of Disbursement
Mailing Address	2300 15TH STI	REET SUITE 425			$\begin{bmatrix}\begin{smallmatrix}M\\1\end{smallmatrix}2^{M}\end{smallmatrix} / \begin{bmatrix}\begin{smallmatrix}D\\1\end{smallmatrix}5^{D}\end{smallmatrix} / \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}009^{Y}\end{smallmatrix}$
City DENVER		State CO	Zip Code 80202		Amount of Each Disbursement this Period
Purpose of Disbui	rsement				1000.00
Candidate Name MICHAEL F BE	ENNET			Category/ Type	
Office Sought:	House X Senate President District: 00	Disbursement For:  X Primary Other (sp	2010 General pecify) ▼		
Full Name (Last, F	First, Middle Initial) FOR CONGRES	 S			Transaction ID: SB23.4784 Date of Disbursement
Mailing Address	8550 United Pla				111 / 06 / Y Y Y Y Y Y
City	Suite 1001	State LA	Zip Code 70809		Amount of Each Disbursement this Period
Baton Rouge Purpose of Disbui	rsement	LA	70009	0 0	1000.00
Candidate Name WILLIAM CASS	SIDY			Category/ Type	
Office Sought:	X House Senate President	Disbursement For:  X Primary Other (sp	2010 General	76-	
		]	<i>31</i> , ▼		
State: LA	District: 06				

Temizero Disbursements    Continuing   Cont	SCHEDULE B (FEC Form 3X)		arate schedule(s)	-	NUMBER: PAGE 15/16
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC  Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS, INC  Mailing Address PO Box 80126  City State Zip Code LA 70598 Purpose of Disbursement Contribution Candidate Name CHARLES DR. JR. BOUSTANY Office Sought: X House Senate President State: MD District: 07  Full Name (Last, First, Middle Initial) CIty State Zip Code LA 70598  Amount of Each Disbursement this Perior Category' Type  Transaction ID: SB23.4829 Date of Disbursement this Perior Category' Type  Transaction ID: SB23.4829 Date of Disbursement this Perior Category' Type  Transaction ID: SB23.4826 Date of Disbursement this Perior  Transaction ID: SB23.4826 Date of Disbursement Type  Transaction ID: SB23.48	FEMIZED DISBURSEMENTS	for each	category of the	21b	22 X 23 24 25
NAME OF COMMITTEE (In Full)  NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC  Full Name (Last, First, Middle Initial)  CHARLES BOUSTANY JR MD FOR CONGRESS, INC  Mailing Address PO Box 80126  City State Zip Code Lafayette LA 70598  Purpose of Disbursement Contribution  Candidate Name CHARLES DR. JR. BOUSTANY  Office Sought: X House President State: LA District: 07  Full Name (Last, First, Middle Initial) CHARLES PO BOX 1631  City State Zip Code MD 21203  Disbursement For: 2010  Amount of Each Disbursement this Period  Transaction ID: SB23.4826  Category/ Type  Transaction ID: SB23.4826  Date of Disbursement this Period  Category/ Type  Transaction ID: SB23.4826  Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: SB23.4826  Date of Disbursement this Period  Category/ Type  Transaction ID: SB23.4826  Date of Disbursement this Period  Transaction ID: SB23.4825  Date of Disbursement this Period  T					
CHARLES BOUSTANY JR MD FOR CONGRESS, INC  Mailing Address PO Box 80126  City State Zip Code LA 70598  Purpose of Disbursement Contribution Candidate Name CHARLES DR. JR. BOUSTANY  Office Sought: X House President Other (specify) ▼  Full Name (Last, First, Middle Initial) CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE  Mailing Address PO BOX 1631  City State Zip Code BALTIMORE MD 21203  Purpose of Disbursement Contribution Candidate Name Cast, First, Middle Initial) CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE  Mailing Address PO BOX 1631  City State Zip Code BALTIMORE MD 21203  Purpose of Disbursement Contribution Candidate Name Cast, First, Middle Initial) ELIJAH E CUMMINGS  Office Sought: X House President Other (specify) ▼  Transaction ID: SB23.4826  Date of Disbursement this Period Category' Type  Transaction ID: SB23.4825  Date of Disbursement Initial Disbursement Type  Transaction ID: SB23.4825  Date of Oisbursement Initial Disbursement Initia	NAME OF COMMITTEE (In Full)				
Mailing Address   PO Box 80126   12   30   2 0 0 9		ONGRESS, I	NC		
Lafayette LA 70598  Purpose of Disbursement Contribution Candidate Name CHARLES DR. JR. BOUSTANY  Office Sought:	Mailing Address PO Box 80126				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ \begin{smallmatrix} D & D \\ & & D \end{bmatrix} \ \begin{smallmatrix} Y & & & & Y \\ & & & & Q \end{smallmatrix} \ 0 \ 0 \ 9 \ \ \\ & & & & & & & & & & & & & & & & &$
Contribution Candidate Name CHARLES DR. JR. BOUSTANY  Office Sought:	Lafayette				
CHARLES DR. JR. BOUSTANY  Office Sought:	Contribution			Catagony	250.00
Senate President  State: LA District: 07  Full Name (Last, First, Middle Initial)  CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE  Mailing Address PO BOX 1631  City State Zip Code MD 21203  Purpose of Disbursement Contribution  Candidate Name ELUAH E CUMMINGS  Office Sought: X House President State: MD District: 07  Full Name (Last, First, Middle Initial)  EARL POMEROY FOR CONGRESS  Mailing Address Post Office Box 9336  City State Zip Code Amount of Each Disbursement this Perior Senate President State: MD District: 07  Full Name (Last, First, Middle Initial)  EARL POMEROY FOR CONGRESS  Mailing Address Post Office Box 9336  City State Zip Code ND 58106  Purpose of Disbursement Contribution  Candidate Name EARL R. POMEROY  Office Sought: X House Senate President President President President President President President President Other (specify) ▼	CHARLES DR. JR. BOUSTANY	irsement For:	2010	· ,	
Full Name (Last, First, Middle Initial) CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE  Mailing Address PO BOX 1631  City State Zip Code MD 21203  Purpose of Disbursement Contribution Candidate Name ELIJAH E CUMMINGS  Office Sought: X House Senate President State: MD District: 07  Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS  Mailing Address Post Office Box 9336  City State Zip Code (Seneral President State) Transaction ID: SB23.4825  Date of Disbursement this Period Type  Transaction ID: SB23.4825  Date of Disbursement ID: SB23.4825  Date of Disbursement ID: SB23.4825  Date of Disbursement  Transaction ID: SB23.4825  Date of Disbursement  Transactio	Senate President	X Primary	General		
City State Zip Code MD 21203  Purpose of Disbursement Contribution  Candidate Name ELIJAH E CUMMINGS  Office Sought: X House Senate President State: MD District: 07  Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS  Mailing Address Post Office Box 9336  City State Zip Code ND 58106  Purpose of Disbursement Contribution  Candidate Name EARL R. POMEROY  Office Sought: X House State Zip Code ND 58106  Purpose of Disbursement Contribution  Candidate Name EARL R. POMEROY  Office Sought: X House Disbursement For: 2010  Category/ Type  Category/ Type  Office Sought: X House Disbursement For: 2010  Candidate Name EARL R. POMEROY  Office Sought: X House Disbursement For: 2010  X Primary General Other (specify) ▼  Other (specify) ▼  Other (specify) ▼  Category/ Type	Full Name (Last, First, Middle Initial)	IGN COMM	ITTEE		
BALTIMORE  Purpose of Disbursement Contribution  Candidate Name ELIJAH E CUMMINGS  Office Sought:  X House President President State: MD District: 07  Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS  Mailing Address Post Office Box 9336  City Fargo Purpose of Disbursement Contribution  Candidate Name EARL R. POMEROY  Office Sought:  X House ND 58106  Purpose of Disbursement Contribution  Candidate Name EARL R. POMEROY  Office Sought:  X House President  Disbursement For:  Category/ Type  Amount of Each Disbursement this Perio  Category/ Type  Office Sought:  X House President  Disbursement For: Qeneral Qeneral Qeneral Qeneral Qeneral Qeneral Qeneral Qother (specify) ▼  Other (specify) ▼	Mailing Address PO BOX 1631				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} M & 1 & 3 \\ 1 & 3 \end{smallmatrix} \end{bmatrix} \ \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & 2 & 0 & 0 & 9 \\ 2 & 0 & 0 & 9 \end{bmatrix} $
Contribution  Candidate Name ELIJAH E CUMMINGS  Office Sought:					Amount of Each Disbursement this Perio
Office Sought:	•				1000.00
Senate President Other (specify) ▼  Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS  Mailing Address Post Office Box 9336  City State Zip Code Fargo ND 58106  Purpose of Disbursement Contribution  Candidate Name EARL R. POMEROY  Cifice Sought: X House Senate President President Other (specify) ▼  A Primary General Other (specify) ▼  Transaction ID: SB23.4825  Date of Disbursement  Amount of Each Disbursement this Perior Category/ Type  Category/ Type  Office Sought: X House Senate President Other (specify) ▼	ELIJAH E CUMMINGS				
EARL POMEROY FOR CONGRESS  Mailing Address Post Office Box 9336  City State Zip Code Fargo ND 58106  Purpose of Disbursement Contribution  Candidate Name EARL R. POMEROY  Office Sought: X House Senate President  Date of Disbursement  Mo M / D D D / Y Y Y O Y O Y O Y  Z 0 0 9 Y  Amount of Each Disbursement this Perior  Category/ Type  Office Sought: X Primary General  Other (specify)  Other (specify)	Senate President	X Primary	General		
City State Zip Code Fargo ND 58106  Purpose of Disbursement Contribution  Candidate Name EARL R. POMEROY  Office Sought: X House Senate President Disbursement For: 2010  X Primary General President Other (specify)   Other (specify)   Other (specify)					Date of Disbursement
Fargo ND 58106  Purpose of Disbursement Contribution  Candidate Name EARL R. POMEROY  Office Sought: X House Disbursement For: 2010 Senate X Primary General President Other (specify)   Type	Mailing Address Post Office Box 9336				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix}  /  \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix}  /  \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
Contribution  Candidate Name EARL R. POMEROY  Office Sought:  X House Senate President  Disbursement For:  X Primary General Other (specify)					
EARL R. POMEROY  Office Sought:  X House Senate President  Disbursement For:  X Primary General Other (specify)  ▼	Contribution				1000.00
Senate X Primary General President Other (specify) ▼	EARL R. POMEROY				
State: ND District: 00	Office Sought:   x   House     Dishi				
	Senate				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one) ] 22   X   23     24     25     2
	, ,	27	28a 28b 28c 29 3
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam-			
NAME OF COMMITTEE (In Full)			
NEXION HEALTH FUND FOR QUALITY L	ONG TERM CARE INC		
Full Name (Last, First, Middle Initial) FRANK KRATOVIL FOR CONGRESS			Transaction ID: SB23.4819 Date of Disbursement
Mailing Address 222 Main Sail Drive PO Box 518			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 1 & 1 & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & 3 & D \\ 3 & 0 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix} $
	State Zip Code MD 21666		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution			1000.00
Candidate Name FRANK KRATOVIL		Category/ Type	
	ment For: 2010 Primary General Other (specify)		
State: MD District: 01			
Full Name (Last, First, Middle Initial) GARDNER FOR CONGRESS			Transaction ID: SB23.4787 Date of Disbursement
Mailing Address PO BOX 2408			$\begin{bmatrix} \begin{smallmatrix} M & 0 & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & B \\ 2 & 8 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & 0 & Y & Y \\ 2 & 0 & 0 & 9 & Y \end{bmatrix}$
City LOVELAND	State Zip Code CO 80539		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution			2000.00
Candidate Name CORY GARDNER		Category/ Type	
	ement For: 2010 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) RODNEY ALEXANDER FOR CONGRESS	INC.		Transaction ID: SB23.4758 Date of Disbursement
Mailing Address PO Box 367 319 NANCY ROAD			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
City	State Zip Code LA 71268		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		1000.00	
Candidate Name Mr. RODNEY ALEXANDER		Category/ Type	
Senate X President	ment For: 2010 Primary General Other (specify)		
State: LA District: 05			1000.00
SUBTOTAL of Disbursements This Page (optional)		<u></u>	4000.00
TOTAL This Period (last page this line number only)			9250.00