

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Francis P. Kirley

Signature of Treasurer Electronically Filed by Francis P. Kirley Date 02 02 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		25993.13
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	32490.36									
(c) Total Receipts (from Line 19)	19054.60	39101.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	51544.96	65094.96								
7. Total Disbursements (from Line 31)	9250.00	22800.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42294.96	42294.96								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	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
(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)	19054.60	39101.83
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (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))	19054.60	39101.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19054.60	39101.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	50.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	50.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9250.00	22750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9250.00	22800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9250.00	22800.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	19054.60	39101.83
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19054.60	39101.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	50.00
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	50.00

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)
 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 (Last, First, Middle Initial)
Hollie Adams
Mailing Address 2759 CR 1490

City State Zip Code
Center TX 75935

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Nexion Health Administrator

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1610.30

Date of Receipt M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4669

Amount of Each Receipt this Period 427.90

payroll deduction \$ 32.91
bi-weekly

B. Full Name (Last, First, Middle Initial)
Brad Barnes
Mailing Address 2615 Falcon Knoll

City State Zip Code
Katy TX 77494

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Nexion Health Administrator

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2427.79

Date of Receipt M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4670

Amount of Each Receipt this Period 819.52

payroll deduction \$ 63.04
bi-weekly

C. Full Name (Last, First, Middle Initial)
Bretton J. Bolt
Mailing Address 1704 Lake Forest Road

City State Zip Code
Finksburg MD 21048

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Nexion Health EVP & CFO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3983.83

Date of Receipt M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4671

Amount of Each Receipt this Period 826.00

payroll deduction \$ 63.53
bi-weekly

SUBTOTAL of Receipts This Page (optional) 2073.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Ruth Brown

Mailing Address P.O. Box 16

City State Zip Code
Bogata TX 75417

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

Name of Employer Occupation
Nexion Health Health care administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 09 / 2009

Transaction ID: SA11AI.4733

Amount of Each Receipt this Period

180.00

B.

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

Mailing Address P.O. Box 933

City State Zip Code
Quitman TX 75783

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

Name of Employer Occupation
Nexion Health RDO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1339.07

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2009

Transaction ID: SA11AI.4672

Amount of Each Receipt this Period

698.88

payroll deduction \$ 53.76
bi-weekly

C.

Full Name (Last, First, Middle Initial)
James N. Davidson

Mailing Address 820 Longleaf Street

City State Zip Code
Vidor TX 77662

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

Name of Employer Occupation
Nexion Health Administrator-Village Creek Rehab. Ctr

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2009

Transaction ID: SA11AI.4833

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1628.88

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 / 16
	<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.	Full Name (Last, First, Middle Initial) Edward L. Graham		Date of Receipt MM / DD / YYYY 10 / 13 / 2009		
	Mailing Address 182 Westridge		Transaction ID: SA11AI.4781		
	City Huntsville	State TX	Zip Code 77340-8929	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Nexion Health	Occupation Administrator-Humble Healthcare Center			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

B.	Full Name (Last, First, Middle Initial) Merrilee F. Hawk		Date of Receipt MM / DD / YYYY 12 / 15 / 2009		
	Mailing Address 5728 Pebble Ridge Drive		Transaction ID: SA11AI.4834		
	City McKinney	State TX	Zip Code 75070	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Nexion Health	Occupation Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1083.62			

C.	Full Name (Last, First, Middle Initial) Merrilee F. Hawk		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address 5728 Pebble Ridge Drive		Transaction ID: SA11AI.4673		
	City McKinney	State TX	Zip Code 75070	Amount of Each Receipt this Period 586.56	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Nexion Health	Occupation Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1670.18			payroll deduction \$ 45.12 bi-weekly

SUBTOTAL of Receipts This Page (optional)	▶	1836.56
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 / 16
	<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.	Full Name (Last, First, Middle Initial) Janice R. Hill		Date of Receipt
	Mailing Address 205 Rocky Mound Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lafayette	LA	70506
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.4674
Name of Employer Nexion Health		Occupation RFS South Louisiana	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="561.20"/>	<input type="text" value="295.58"/>
			payroll deduction \$ 22.73 bi-weekly

B.	Full Name (Last, First, Middle Initial) Denise Honnoll		Date of Receipt
	Mailing Address 14971 SH 154E		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Diana	TX	75640
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.4675
Name of Employer Nexion Health		Occupation Regional Clinical Specialist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="920.00"/>	<input type="text" value="477.09"/>
			payroll deduction \$ 36.69 bi-weekly

C.	Full Name (Last, First, Middle Initial) Sheila J. Huskey		Date of Receipt
	Mailing Address 3501 Champion Lake Blvd. #1109		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Shreveport	LA	71105-3778
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.4746
Name of Employer Nexion Health		Occupation Administrator-Claiborne Healthcare Ctr	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="224.00"/>	<input type="text" value="224.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="996.67"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<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.

Full Name (Last, First, Middle Initial) Sheila J. Huskey		Date of Receipt MM / DD / YYYY 11 / 17 / 2009
Mailing Address 3501 Champion Lake Blvd. #1109		Transaction ID: SA11AI.4818
City Shreveport	State LA	Zip Code 71105-3778
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 164.00
Name of Employer Nexion Health	Occupation Administrator-Claiborne Healthcare Ctr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 388.00	

B.

Full Name (Last, First, Middle Initial) Marguerite P. Jenkins		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 118 2nd Avenue		Transaction ID: SA11AI.4676
City Reistertown	State MD	Zip Code 21136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 394.38
Name of Employer Nexion Health	Occupation Controller	payroll deduction \$ 30.33 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.59	

C.

Full Name (Last, First, Middle Initial) Brian P. Lee		Date of Receipt MM / DD / YYYY 08 / 17 / 2009
Mailing Address 517 Overdale Road		Transaction ID: SA11AI.4709
City Baltimore	State MD	Zip Code 21229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Nexion Health, Inc.	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	808.38
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 11 / 16
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

A.

Full Name (Last, First, Middle Initial)
Michael F. Louviere

Mailing Address 2200 Belle Ruelle

City State Zip Code
New Iberia LA 70583-3075

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

Name of Employer Occupation
Nexion Health Health care administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2009

Transaction ID: SA11AI.4799

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Paula F. Lowrie

Mailing Address 1017 Misty Way

City State Zip Code
Garland TX 75040

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

Name of Employer Occupation
Nexion Health RFS East Texas

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 559.66

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.4677

Amount of Each Receipt this Period
295.84

payroll deduction \$ 22.75
bi-weekly

C.

Full Name (Last, First, Middle Initial)
Laura Lassie McDowell-Pappas

Mailing Address 18716 Falls Road

City State Zip Code
Hampstead MD 21074

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

Name of Employer Occupation
Nexion Health, Inc. Director, Purchasing & Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 718.45

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.4678

Amount of Each Receipt this Period
415.66

payroll deduction \$ 31.97
bi-weekly

SUBTOTAL of Receipts This Page (optional) ► **1211.50**

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 / 16
	<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.	Full Name (Last, First, Middle Initial) Cindi M. Phillips		Date of Receipt	
	Mailing Address 1253 CR 480		M M / D D / Y Y Y Y Y 12 / 31 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.4679
	Mt. Pleasant	TX	75455	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		291.69
Name of Employer Nexion Health		Occupation Regional Clinical Specialist		payroll deduction \$ 22.43 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 549.22		

B.	Full Name (Last, First, Middle Initial) Shari Richey		Date of Receipt	
	Mailing Address 1600 1/2 Webb Street		M M / D D / Y Y Y Y Y 12 / 31 / 2009	
	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
Name of Employer Nexion Health		Occupation Administrator		payroll deduction \$ 19.23 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Emmett A. Riner, III		Date of Receipt	
	Mailing Address P.O. Box 391		M M / D D / Y Y Y Y Y 12 / 15 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.4836
	Naples	TX	75568	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		500.00
Name of Employer Nexion Health		Occupation Administrator-New Boston H'lthcare Ctr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1041.69
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 13 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 513 Hillside Drive

City State Zip Code
Auburndale FL 33823

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

Name of Employer Occupation
Nexion Health Vice-President for Operations

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 3084.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4681

Amount of Each Receipt this Period

1615.32

payroll deduction \$ 124.25
bi-weekly

B.

Full Name (Last, First, Middle Initial)
Ruth R. Stelly

Mailing Address 6055 Highway 103

City State Zip Code
Port Barre LA 70577

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

Name of Employer Occupation
Nexion Health Health care administrator

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.4748

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Penny Walker

Mailing Address 107 East Ross

City State Zip Code
Waxahachie TX 75165

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

Name of Employer Occupation
Nexion Health Dietician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 811.68

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4682

Amount of Each Receipt this Period

421.68

payroll deduction \$ 32.43
bi-weekly

SUBTOTAL of Receipts This Page (optional)

2537.00

TOTAL This Period (last page this line number only)

12134.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS	Transaction ID: SB23.4854 Date of Disbursement																			
	Mailing Address 555 Capitol Mall, Suite 1425	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	5		2	0	0	9												
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name ANNA ESHOO	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: CA District: 14																				

B.	Full Name (Last, First, Middle Initial) BENNET FOR COLORADO	Transaction ID: SB23.4822 Date of Disbursement																			
	Mailing Address 2300 15TH STREET SUITE 425	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	5		2	0	0	9												
	City DENVER State CO Zip Code 80202	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name MICHAEL F BENNET	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: CO District: 00																				

C.	Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS	Transaction ID: SB23.4784 Date of Disbursement																			
	Mailing Address 8550 United Plaza Blvd. Suite 1001	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	6		2	0	0	9												
	City Baton Rouge State LA Zip Code 70809	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name WILLIAM CASSIDY	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: LA District: 06																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00
3000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)

PAGE 15 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS, INC</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name CHARLES DR. JR. BOUSTANY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4829</p> <p>Date of Disbursement 12 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE</p> <p>Mailing Address PO BOX 1631</p> <p>City BALTIMORE State MD Zip Code 21203</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name ELIJAH E CUMMINGS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4826</p> <p>Date of Disbursement 10 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS</p> <p>Mailing Address Post Office Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name EARL R. POMEROY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4825</p> <p>Date of Disbursement 10 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) FRANK KRATOVIL FOR CONGRESS	Transaction ID: SB23.4819 Date of Disbursement 11 / 30 / 2009
	Mailing Address 222 Main Sail Drive PO Box 518	Amount of Each Disbursement this Period 1000.00
	City Stevensville State MD Zip Code 21666	
	Purpose of Disbursement Contribution Candidate Name FRANK KRATOVIL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) GARDNER FOR CONGRESS	Transaction ID: SB23.4787 Date of Disbursement 10 / 28 / 2009
	Mailing Address PO BOX 2408	Amount of Each Disbursement this Period 2000.00
	City LOVELAND State CO Zip Code 80539	
	Purpose of Disbursement Contribution Candidate Name CORY GARDNER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) RODNEY ALEXANDER FOR CONGRESS INC.	Transaction ID: SB23.4758 Date of Disbursement 09 / 27 / 2009
	Mailing Address PO Box 367 319 NANCY ROAD	Amount of Each Disbursement this Period 1000.00
	City Quitman State LA Zip Code 71268	
	Purpose of Disbursement Contribution Candidate Name Mr. RODNEY ALEXANDER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	9250.00