

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2007 AUG -3 AM 11:08

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**

CITY STATE ZIPCODE

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day Post-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on _____ in the State of _____

5. Covering Period 01 01 2007 through 06 30 2007

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

Type or Print Name of Treasurer Francis P. Kirley

Signature of Treasurer *Francis P. Kirley* Date 07 30 2007

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									
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27039501202

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: To:

27039501203

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2007"/>	0.00	0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	233.63	233.63
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	233.63	233.63
7. Total Disbursements (from Line 31)	63.63	63.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	170.00	170.00
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Report Covering the Period:

From:

M	M
01	01

Y	Y	W	W
2007			

To:

M	M
06	30

Y	Y	Y	Y
2007			

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)

0.00

0.00

233.63

233.63

(ii) Unitemized

(iii) TOTAL (add Lines 11(a)(i) and (ii)

233.63

233.63

(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)

233.63

233.63

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))

233.63

233.63

20. Total Federal Receipts (subtract Line 18(c) from Line 19)

233.63

233.63

27039501204

DETAILED SUMMARY PAGE
of Disbursements

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Page 4

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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.....	63.63	63.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	63.63	63.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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))..	63.63	63.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	63.63	63.63

DETAILED SUMMARY PAGE

of Disbursements

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	233.63	233.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	233.63	233.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	63.63	63.63
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	63.63	63.63

27039501206

Commercial Checking

01 2000036342617 072 130 0 34 SAFEKSPT Replacement Statement 014

NEXION FUND FOR QUALITY LONG TERM CARE
6937 WARFIELD AVENUE CB
SYKESVILLE MD 21784

Commercial Checking

5/14/2007 thru 6/29/2007

Account number: -
Account owner(s): NEXION FUND FOR QUALITY LONG TERM CARE

Account Summary

Opening balance 5/14	\$0.00
Deposits and other credits	41.63 +
Other withdrawals and service fees	63.63 -
Closing balance 6/29	\$22.00 -

Deposits and Other Credits

Date	Amount	Description	
6/20	41.63	FUNDS TRANSFER (ADVICE 2007062000019755) RCVD FROM NEXION HEALTH MGM/ ORG=NEXION HEALTH INC RFB=20006968NEXIONHE OBI= RFB=20006968NEXIONHE 06/20/07 09:37AM ET	000070620019755
Total	\$41.63		

Other Withdrawals and Service Fees

Date	Amount	Description	
6/06	26.63	AUTOMATED DEBIT HARLAND CHECKS CHK ORDERS CO. ID. 9500021440 070606 PPD MISC 003 07155176540	120071576228018
6/11	15.00	COMMERCIAL SERVICE CHARGES FOR MAY 2007	000000000000000
6/27	22.00	AUTOMATED DEBIT HARLAND CHECKS CHK ORDERS CO. ID. 9500021440 070627 PPD MISC 003 07176184010	120071786822341
Total	\$63.63		

Daily Balance Summary

Dates	Amount	Dates	Amount	Dates	Amount
06/06	26.63 -	06/20	0.00		
06/11	41.63 -	06/27	22.00 -		

27039501207

Commercial Checking

02 2000036342617 072 130 0 34 SAFEKEPT Replacement Statement 014

Customer Service Information

For questions about your statement or billing errors, contact us at:

Phone Number Address

Business Checking, CheckCard & Loan Accounts	800-566-3862	WACHOVIA BANK, NATIONAL ASSOCIATION
TDD (For the Hearing Impaired)	800-388-2234	NC8502
Commercial Checking & Loan Accounts	800-222-3862	P O BOX 563966 CHARLOTTE NC 28262-3966

In Case of Errors or Questions About Your Electronic Transfers: Telephone us at 800-222-3862 or write to us at WACHOVIA BANK, NATIONAL ASSOCIATION, NC8502, P O BOX 563966, CHARLOTTE NC 28262-3966, as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
 2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
 3. Tell us the dollar amount of the suspected error.
- We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error. You will have use of the money during the time it takes us to complete our investigation.

WACHOVIA BANK, N.A. IS MEMBER FDIC

27039501208

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
7/31/07

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jm
 PREPARER

8/3/07
 DATE PREPARED

27039501209