



**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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		42294.96
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	60035.48									
(c) Total Receipts (from Line 19) .....	2676.94	51817.46								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	62712.42	94112.42								
7. Total Disbursements (from Line 31) .....	1000.00	32400.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	61712.42	61712.42								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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) .....	2676.94	36958.19
(ii) Unitemized .....	0.00	14859.27
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2676.94	51817.46
(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) .....	2676.94	51817.46
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)) .....	2676.94	51817.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2676.94	51817.46

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	32400.00
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))..	1000.00	32400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	32400.00

**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 .....	2676.94	51817.46
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2676.94	51817.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 12  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** 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 ▼ 1434.87

Date of Receipt MM / DD / YYYY  
11 / 22 / 2010  
**Transaction ID:** SA11AI.5220  
Amount of Each Receipt this Period 94.17  
payroll deduction \$ 31.39  
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 ▼ 2038.97

Date of Receipt MM / DD / YYYY  
11 / 22 / 2010  
**Transaction ID:** SA11AI.5222  
Amount of Each Receipt this Period 267.12  
payroll deduction \$ 56.78  
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 ▼ 3757.00

Date of Receipt MM / DD / YYYY  
11 / 22 / 2010  
**Transaction ID:** SA11AI.5227  
Amount of Each Receipt this Period 236.00  
payroll deduction \$ 59 bi-weekly

**SUBTOTAL** of Receipts This Page (optional) ..... 597.29

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sherri Clark		Date of Receipt
	Mailing Address P.O. Box 933		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Quitman	TX	75783
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5228
Name of Employer Nexion Health		Occupation RDO	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"/> 203.64
			payroll deduction \$ 50.91 bi-weekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Merrilee F. Hawk		Date of Receipt
	Mailing Address 5728 Pebble Ridge Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	McKinney	TX	75070
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5223
Name of Employer Nexion Health		Occupation Administrator	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"/> 138.06
			payroll deduction \$ 46.02 bi-weekly

<b>C.</b>	Full Name (Last, First, Middle Initial) Janice R. Hill		Date of Receipt
	Mailing Address 205 Rocky Mound Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Lafayette	LA	70506
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5226
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"/> 101.48
			payroll deduction \$ 20.37 bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>443.18</b>
<b>TOTAL</b> 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 8 / 12  
(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)  
Denise Honnoll

Mailing Address 14971 SH 154E

City Diana State TX Zip Code 75640

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

Name of Employer Nexion Health Occupation Regional Clinical Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 846.14

Date of Receipt 11 / 22 / 2010  
Transaction ID: SA11AI.5231  
Amount of Each Receipt this Period 128.72  
payroll deduction \$ 34.68 bi-weekly

**B.** Full Name (Last, First, Middle Initial)  
Marguerite P. Jenkins

Mailing Address 118 2nd Avenue

City Reistertown State MD Zip Code 21136

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

Name of Employer Nexion Health Occupation Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 740.99

Date of Receipt 11 / 22 / 2010  
Transaction ID: SA11AI.5233  
Amount of Each Receipt this Period 117.70  
payroll deduction \$ 29.57 bi-weekly

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

Mailing Address 1017 Misty Way

City Garland State TX Zip Code 75040

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

Name of Employer Nexion Health Occupation RFS East Texas

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 459.97

Date of Receipt 11 / 22 / 2010  
Transaction ID: SA11AI.5219  
Amount of Each Receipt this Period 78.24  
payroll deduction \$ 19.56 bi-weekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► 324.66

**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 / 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Laura Lassie McDowell-Pappas	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 18716 Falls Road	<b>Transaction ID:</b> SA11AI.5234
	City State Zip Code Hampstead MD 21074	Amount of Each Receipt this Period 152.89
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction \$ 30.58 bi-weekly
Name of Employer Nexion Health, Inc.	Occupation Director, Purchasing & Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 787.57	

<b>B.</b>	Full Name (Last, First, Middle Initial) Cindi M. Phillips	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1253 CR 480	<b>Transaction ID:</b> SA11AI.5232
	City State Zip Code Mt. Pleasant TX 75455	Amount of Each Receipt this Period 84.84
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction \$ 21.21 bi-weekly
Name of Employer Nexion Health	Occupation Regional Clinical Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.65	

<b>C.</b>	Full Name (Last, First, Middle Initial) Shari Richey	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1600 1/2 Webb Street	<b>Transaction ID:</b> SA11AI.5218
	City State Zip Code Henderson TX 75654	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction \$ 25 bi-weekly
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 ▼ 1075.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>337.73</b>
<b>TOTAL</b> 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 10 / 12

(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:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3189.10

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.5225

Amount of Each Receipt this Period

470.76

payroll deduction \$ 117.69  
bi-weekly

**B.**

Full Name (Last, First, Middle Initial)  
Sheryl Smith

Mailing Address 9777 FM 226

City State Zip Code  
Nacogdoches TX 75961

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

Name of Employer Occupation  
Nexion Health Assistant Administrator

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 346.20

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.5221

Amount of Each Receipt this Period

69.24

payroll deduction \$ 23.08  
bi-weekly

**C.**

Full Name (Last, First, Middle Initial)  
Don L. Sowell, Jr.

Mailing Address 5902 Ancient Oaks

City State Zip Code  
Humble TX 77346

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

Name of Employer Occupation  
Nexion Health South Texas RDO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 469.90

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.5229

Amount of Each Receipt this Period

204.00

payroll deduction \$ 51 bi-  
weekly

**SUBTOTAL** of Receipts This Page (optional) .....

744.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 12
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Jennifer L. Swim		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 6354 Chickamauga Trail		<b>Transaction ID:</b> SA11AI.5224
City Shreveport	State LA	Zip Code 71107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 107.68
Name of Employer Nexion Vivian	Occupation Administrator	payroll deduction \$ 26.92 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1347.68	

**B.**

Full Name (Last, First, Middle Initial) Penny Walker		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 107 East Ross		<b>Transaction ID:</b> SA11AI.5230
City Waxahachie	State TX	Zip Code 75165
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 122.40
Name of Employer Nexion Health	Occupation Dietician	payroll deduction \$ 30.60 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 742.80	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>230.08</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2676.94</b>

**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 12 / 12

<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)  
MIKULSKI FOR SENATE COMMITTEE

Mailing Address P O B 13147

City State Zip Code  
BALTIMORE MD 21203

Purpose of Disbursement  
Contribution

Candidate Name  
BARBARA MIKULSKI

Office Sought:  House  
 Senate  
 President

State: MD District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/ Type

Transaction ID: SB23.5216

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Amount of Each Disbursement this Period

1000.00
---------

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

1000.00

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

1000.00