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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC 228 S WASHINGTON STREET SUITE 115 ADDRESS (number and street) Check if different than previously **ALEXANDRIA** ۷A 22314 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00434233 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the 02 2010 11 Election on State of 10 0 1 2010 22 2010 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Francis P. Kirley Type or Print Name of Treasurer Electronically Filed by Francis P. Kirley 12 0 1 2010 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 2/12 Write or Type Committee Name NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC D D 2010 10 0 1 2010 22 11 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 42294.96 January 1 (b) Cash on Hand at 60035.48 Begining of Reporting Period ..... 2676.94 51817.46 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 62712.42 94112.42 6(a) and 6(c) for Column B) ..... 1000.00 32400.00 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 61712.42 61712.42 (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 / 12

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Report Covering the Period:

From:

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2010

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м м 1 1 D D 22

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	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)	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)(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2676.94	51817.46
	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	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
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2676.94	51817.46
	Total Federal Receipts (subtract Line 18(c) from Line 19)	2676.94	51817.46

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 12

	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	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees  Contributions to  Federal Candidates/Committees	0.00	0.00
,	Federal Candidates/Committeesand Other Political Committees	1000.00	32400.00
	Independent Expenditure (use Schedule E)	0.00	0.00
J.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made  Refunds of Contributions To:	0.00	0.00
ο.	(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
9.	Other Disbursements	0.00	0.00
0.	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))	1000.00	32400.00
2.			
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1000.00	32400.00

### **DETAILED SUMMARY PAGE**

of Disbursements

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III. Net Contributions/Operating	COLUMN A	COLUMN B
Expenditures	Total This Period	Calendar Year-to-Date
al Contributions (other than loans) n Line 11(d), page 3)	2676.94	51817.46
 ll Contribution Refunds n Line 28(d))	0.00	0.00
Contributions (other than loans) otract Line 34 from Line 33)	2676.94	51817.46
l Federal Operating Expenditures Line 21(a)(i) and Line 21(b))	0.00	0.00
ets to Operating Expenditures n Line 15, page 3)	0.00	0.00
Operating Expenditures tract Line 37 from Line 36)	0.00	0.00

FE6AN026

## SCHEDULE A (FEC Form 3X)

Ϊ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	2	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 12 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  NEXION HEALTH FUND FOR QUALI	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) Hollie Adams Mailing Address 2759 CR 1490  City Center FEC ID number of contributing federal political committee.  Name of Employer Nexion Health	State TX C Occupation Administ		Date of Receipt    M M M
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1434.87	
В.	Full Name (Last, First, Middle Initial) Brad Barnes  Mailing Address 2615 Falcon Knoll			Date of Receipt  1 1 2 2 2 2 1 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.5222
	Katy FEC ID number of contributing federal political committee.	C	77494	Amount of Each Receipt this Period  267.12
	Name of Employer Nexion Health	Occupation Administ	trator	payroll deduction \$ 56.78 bi-weekly
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2038.97	
С.	Full Name (Last, First, Middle Initial) Bretton J. Bolt Mailing Address 1704 Lake Forest Roa	ad		Date of Receipt  1 1 2 2 2 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.5227
	Finksburg	MD	21048	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		236.00 payroll deduction \$ 59 bi-
	Name of Employer Nexion Health	Occupation EVP & C	FO	weekly
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3757.00	
	SUBTOTAL of Receipts This Page (optional)			597.29

## SCHEDULE A (FEC Form 3X)

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 12 (check only one)    X
nny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  NEXION HEALTH FUND FOR QUA	he name and add	lress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Sherri Clark Mailing Address P.O. Box 933  City Quitman  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health	State TX C	Zip Code 75783	Date of Receipt  M M M 22 2 2010  Transaction ID: SA11AI.5228  Amount of Each Receipt this Period  203.64  payroll deduction \$ 50.91 bi-weekly
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1283.00	]
Full Name (Last, First, Middle Initial)  Merrilee F. Hawk  Mailing Address 5728 Pebble Ridge [	Merrilee F. Hawk		
City	State	Zip Code	1 1 2 2 2 1 0 1 0 Transaction ID: SA11AI.5223
McKinney	TX	75070	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		138.06 payroll deduction \$ 46.02
Name of Employer Nexion Health	Occupation Administr		bi-weekly
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1556.49	
Full Name (Last, First, Middle Initial) Janice R. Hill			Date of Receipt
Mailing Address 205 Rocky Mound D	rive		11 22 2010
City	State	Zip Code	Transaction ID: SA11Al.5226
Lafayette	LA	70506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		101.48
Name of Employer Nexion Health	Occupation RFS Sout	n th Louisiana	payroll deduction \$ 20.37 bi-weekly
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 512.34	]
SUBTOTAL of Receipts This Page (optional)			443.18

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)    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	e name and addr	ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Denise Honnoll  Mailing Address 14971 SH 154E  City Diana  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For: Primary General Other (specify)	<del>, '                                   </del>	Zip Code 75640 Clinical Specialist Year-to-Date ▼	Date of Receipt    M M
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 Controller Aggregate		Date of Receipt    M   M   22   2010   Transaction ID: SA11AI.5233   Amount of Each Receipt this Period   117.70   payroll deduction \$ 29.57   bi-weekly
Full Name (Last, First, Middle Initial) Paula F. Lowrie Mailing Address 1017 Misty Way  City Garland  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For: Primary General Other (specify)	State TX  C  Occupation RFS East Aggregate		Date of Receipt  M 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) .			324.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 12 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
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	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	
Full Name (Last, First, Middle Initial) Laura Lassie McDowell-Pappas  Mailing Address 18716 Falls Road  City Hampstead  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health, Inc.  Receipt For: Primary General Other (specify)	State Zip Code MD 21074  C  Occupation Director, Purchasing & Finance  Aggregate Year-to-Date  787.57	Date of Receipt  Transaction ID: SA11AI.5234  Amount of Each Receipt this Period  152.89  payroll deduction \$ 30.58 bi-weekly
Full Name (Last, First, Middle Initial) Cindi M. Phillips Mailing Address 1253 CR 480  City Mt. Pleasant  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For: Primary General Other (specify)	State Zip Code TX 75455  C  Occupation Regional Clinical Specialist Aggregate Year-to-Date   520.65	Date of Receipt  M M M / 22 2 2010  Transaction ID: SA11AI.5232  Amount of Each Receipt this Period  84.84  payroll deduction \$ 21.21 bi-weekly
Full Name (Last, First, Middle Initial) Shari Richey Mailing Address 1600 1/2 Webb Stree  City Henderson  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For: Primary General Other (specify)	State Zip Code TX 75654  C  Occupation Administrator  Aggregate Year-to-Date   1075.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)		337.73

## SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 12 (check only one)    X   11a
(	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  NEXION HEALTH FUND FOR QUAL	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ <b>\</b> .	Full Name (Last, First, Middle Initial)  Meera Riner  Mailing Address 513 Hillside Drive  City	State	Zip Code	Date of Receipt    M
	Auburndale  FEC ID number of contributing federal political committee.	C	33823	Amount of Each Receipt this Period 470.76
	Name of Employer Nexion Health  Receipt For:  Primary  Other (specify) ▼		sident for Operations e Year-to-Date ▼  3189.10	payroll deduction \$ 117.69 bi-weekly
	Full Name (Last, First, Middle Initial) Sheryl Smith Mailing Address 9777 FM 226			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.5221
	Nacogdoches	TX	75961	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		69.24
	Name of Employer Nexion Health		t Administrator	payroll deduction \$ 23.08 bi-weekly
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 346.20	
_	Full Name (Last, First, Middle Initial) Don L. Sowell, Jr.			Date of Receipt
	Mailing Address 5902 Ancient Oaks			1 1 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5229
	Humble FEC ID number of contributing federal political committee.	C	77346	Amount of Each Receipt this Period  204.00
	Name of Employer Nexion Health	Occupation South Te	n exas RDO	payroll deduction \$ 51 bi- weekly
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 469.90	
Γ	SUBTOTAL of Receipts This Page (optional) .			744.00

A.

В.

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

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Other (specify)

Full Name (Last, First, Middle Initial)

Mailing Address 107 East Ross

FEC ID number of contributing

federal political committee.

Other (specify)

Name of Employer Nexion Vivian

Primary

Mailing Address 6354 Chickamauga Trail

General

General

LA

C

TX

C

Occupation Dietician

Aggregate Year-to-Date ▼

742.80

Jennifer L. Swim

Shreveport

Receipt For:

Penny Walker

Waxahachie

Name of Employer Nexion Health

Primary

Receipt For:

City

City

PAGE 11/12 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 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. NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC Date of Receipt 1.1 22 2010 State Zip Code Transaction ID: SA11AI.5224 71107 Amount of Each Receipt this Period 107.68 payroll deduction \$ 26.92 bi-weekly Occupation Administrator Aggregate Year-to-Date 1347.68 Date of Receipt 22 2010 State Zip Code Transaction ID: SA11AI.5230 75165 Amount of Each Receipt this Period 122.40

payroll deduction \$ 30.60 bi-weekly

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS  Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name	for each category of the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person f	22 X 23 24 25 26 28a 28b 28c 29 30b for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUALITY LO	ONG TERM CARE INC	
Full Name (Last, First, Middle Initial)  MIKULSKI FOR SENATE COMMITTEE  Mailing Address P O B 13147		Transaction ID: SB23.5216 Date of Disbursement  The state of Disbursement Disbursem
BALTIMORE Purpose of Disbursement Contribution Candidate Name BARBARA MIKULSKI	State Zip Code MD 21203  Category/ Type	Amount of Each Disbursement this Period 1000.00
Office Sought:    House   Disburser     X Senate   President     State: MD District: 00	nent For: 2010 Primary X General Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<b>•</b>	1000.00