

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2009 FEB 13 AM 10:59

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 11 25 2008 through 12 31 2008

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 Keith A. Davis, Assistant Treasurer

Signature of Treasurer *Keith A. Davis* Date 01 30 2009

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)

29030030334

**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:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		6250.99
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	23576.26									
(c) Total Receipts (from Line 19)	2416.87	38637.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25993.13	44888.17								
7. Total Disbursements (from Line 31)	0.00	18895.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25993.13	25993.13								
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

20030030335

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

29030030336

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)	1916.87	27762.87
(ii) Unitemized	500.00	10874.31
(iii) TOTAL (add Lines 11(a)(i) and (ii))	2416.87	38637.18
(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)	2416.87	38637.18
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))	2416.87	38637.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2416.87	38637.18

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	145.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	145.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	17250.00
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	1500.00
(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	1500.00
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))..	0.00	18895.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	18895.04

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	2416.87	38637.18
34. Total Contribution Refunds (from Line 28(d))	0.00	1500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2416.87	37137.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	145.04
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	145.04

FE6AN026

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

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

FOR LINE NUMBER: PAGE 6 / 11
(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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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 Center State TX Zip Code 75935

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

Name of Employer Nexion Health Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1421.09

Date of Receipt 12 / 31 / 2008

Transaction ID: SA11AI.4525

Amount of Each Receipt this Period 74.40

payroll deduction \$ 24.80 semi-monthly

B.

Full Name (Last, First, Middle Initial)
Brad Barnes

Mailing Address 2615 Falcon Knoll

City Katy State TX Zip Code 77494

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

Name of Employer Nexion Health Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2362.08

Date of Receipt 12 / 31 / 2008

Transaction ID: SA11AI.4526

Amount of Each Receipt this Period 162.18

payroll deduction \$ 54.06 semi-monthly

C.

Full Name (Last, First, Middle Initial)
Michelle L. Beall

Mailing Address 1194 Jo Apter Place

City New Windsor State MD Zip Code 21776

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

Name of Employer Nexion Health Occupation Payables & Corporate Operations Mgr.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 373.90

Date of Receipt 12 / 31 / 2008

Transaction ID: SA11AI.4527

Amount of Each Receipt this Period 40.38

payroll deduction \$ 13.46 semi-monthly

SUBTOTAL of Receipts This Page (optional) ▶ **276.96**

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

29030030339

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

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

FOR LINE NUMBER: PAGE 7 / 11

(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)

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 ▼ 3899.94

Date of Receipt

MM / DD / YYYY
12 / 31 / 2008

Transaction ID: SA11AI.4528

Amount of Each Receipt this Period

173.07

payroll deduction \$ 57.69
semi-monthly

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 ▼ 1253.03

Date of Receipt

MM / DD / YYYY
12 / 31 / 2008

Transaction ID: SA11AI.4529

Amount of Each Receipt this Period

145.38

payroll deduction \$ 48.46
semi-monthly

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. C

Name of Employer Occupation
Nexion Health Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 707.68

Date of Receipt

MM / DD / YYYY
12 / 31 / 2008

Transaction ID: SA11AI.4530

Amount of Each Receipt this Period

132.69

payroll deduction \$ 44.23
semi-monthly

SUBTOTAL of Receipts This Page (optional) ▶

451.14

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

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

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

FOR LINE NUMBER: PAGE 8 / 11

(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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

Mailing Address 205 Rocky Mound Drive

City State Zip Code
Lafayette LA 70506

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Nexion Health RFS South Louisiana

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 566.68

Date of Receipt

12 / 31 / 2008

Transaction ID: SA11AI.4531

Amount of Each Receipt this Period

57.06

payroll deduction \$ 19.02
semi-monthly

B.

Full Name (Last, First, Middle Initial)

Denise Honnoll

Mailing Address 14971 SH 154E

City State Zip Code
Diana TX 75640

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Nexion Health Regional Clinical Specialist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 849.94

Date of Receipt

12 / 31 / 2008

Transaction ID: SA11AI.4532

Amount of Each Receipt this Period

98.07

payroll deduction \$ 32.69
semi-monthly

C.

Full Name (Last, First, Middle Initial)

Tonye Ihua-Maduenyi

Mailing Address 2611 Atrium Drive

City State Zip Code
Grand Prairie TX 75052

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 ▼ 1357.60

Date of Receipt

12 / 31 / 2008

Transaction ID: SA11AI.4533

Amount of Each Receipt this Period

107.49

payroll deduction \$ 35.83
semi-monthly

SUBTOTAL of Receipts This Page (optional) ▶

262.62

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

29030030341

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

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

FOR LINE NUMBER: PAGE 9 / 11

(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)
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 ▼ 814.23

Date of Receipt 12 / 31 / 2008

Transaction ID: SA11AI.4534

Amount of Each Receipt this Period 84.51

payroll deduction \$ 28.17 semi-monthly

B.

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

Mailing Address 12840 S. Kirkwood #738

City Stafford State TX Zip Code 77477

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

Name of Employer Nexion Health Occupation LNFA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1425.53

Date of Receipt 12 / 31 / 2008

Transaction ID: SA11AI.4535

Amount of Each Receipt this Period 90.30

payroll deduction \$ 30.10 semi-monthly

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 ▼ 571.48

Date of Receipt 12 / 31 / 2008

Transaction ID: SA11AI.4536

Amount of Each Receipt this Period 57.54

payroll deduction \$ 19.18 semi-monthly

SUBTOTAL of Receipts This Page (optional) **232.35**

TOTAL This Period (last page this line number only)

29030030342

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

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

FOR LINE NUMBER: PAGE 10 / 11

(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)
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 ▼
883.70

Date of Receipt

12 / 31 / 2008

Transaction ID: SA11AI.4539

Amount of Each Receipt this Period

89.07

payroll deduction \$ 29.69
semi-monthly

B.

Full Name (Last, First, Middle Initial)
Keith Mutschler

Mailing Address 1778 Brookshire Court

City State Zip Code
Finksburg MD 21048

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

Name of Employer Occupation
Nexion Health Treasurer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
743.22

Date of Receipt

12 / 31 / 2008

Transaction ID: SA11AI.4537

Amount of Each Receipt this Period

81.93

payroll deduction \$ 27.31
semi-monthly

C.

Full Name (Last, First, Middle Initial)
Cindi M. Phillips

Mailing Address 1253 CR 480

City State Zip Code
Mt. Pleasant TX 75455

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

Name of Employer Occupation
Nexion Health Regional Clinical Specialist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
446.22

Date of Receipt

12 / 31 / 2008

Transaction ID: SA11AI.4540

Amount of Each Receipt this Period

59.43

payroll deduction \$ 19.81
semi-monthly

SUBTOTAL of Receipts This Page (optional) ▶

230.43

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

29030030343

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

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

FOR LINE NUMBER: PAGE 11 / 11

(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)

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 ▼
2596.06

Date of Receipt

12 / 31 / 2008

Transaction ID: SA11AI.4541

Amount of Each Receipt this Period

288.45

payroll deduction \$ 96.15
semi-monthly

B.

Full Name (Last, First, Middle Initial)

Deborah Ann Seals

Mailing Address 425 Martin Drive

City State Zip Code
Beaumont TX 75418

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

Name of Employer Occupation
Nexion Health Director of Nurses

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
609.44

Date of Receipt

12 / 31 / 2008

Transaction ID: SA11AI.4542

Amount of Each Receipt this Period

86.18

payroll deduction \$ 27.70
semi-monthly

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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
665.74

Date of Receipt

12 / 31 / 2008

Transaction ID: SA11AI.4543

Amount of Each Receipt this Period

88.74

payroll deduction \$ 28.85
semi-monthly

SUBTOTAL of Receipts This Page (optional) ▶

463.37

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

1916.87

29030030344

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)
1/31/07

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 D

PREPARER

2/13/09

DATE PREPARED

26030030343