Image# 12952311365		PAGE 1 / 14
	EPORT OF RECEIPTS ND DISBURSEMENTS Other Than An Authorized Committee	Office Use Only
1. NAME OF TYP	E OR PRINT V Example: If typing, type	12FE4M5
COMMITTEE (in full)	over the lines.	12FE4M5
ADDRESS (number and street)	28 S WASHINGTON STREET SUITE 115	
Check if different than previously		VA 22314
reported. (ACC)		
2. FEC IDENTIFICATION NUMB	ER V CITY	STATE ZIP CODE
C C00434233	3. IS THIS REPORT X (N) OR	AMENDED (A)
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	Monthly Report Due On: Feb 20 (M2) May 20 (M5) Mar 20 (M3) Jun 20 (M6)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Sep 20 (M9) Dec 20 (M12) (Non-Election
_	Apr 20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q1)	(c) 12-Day Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2)	PRE-Election Report for the: Convention (12C)	Special (12S)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Report for the:	in the State of
5. Covering Period	01 / Y Y Y Y Y 01 2012 through 06	/ D D / Y Y Y Y 30 2012
-	eport and to the best of my knowledge and belief it is tru	Je, correct and complete.
Type or Print Name of Treasurer F Signature of Treasurer Francis P.	Francis P. Kirley Kirley [Electronically Filed]	Date 07 11 2012
NOTE: Submission of false, erroneous	, or incomplete information may subject the person signing t	
Use		FEC FORM 3X Rev. 12/2004

07/11/2012 17 : 35

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

R	eport Covering the Period: From:	4 01 / Y Y Y Y Y To	b: 06 / D D / Y Y Y Y Y 06 30 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		47509.08
	(b) Cash on Hand at Beginning of Reporting Period	49534.30	
	(c) Total Receipts (from Line 19)	12718.10	29743.32
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	62252.40	77252.40
7.	Total Disbursements (from Line 31)	8500.00	23500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	53752.40	53752.40
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)	DETAILED SUMMARY PAGE of Receipts	Page 3
Write or Type Committee Name		
NEXION HEALTH FUND FOR QU	ALITY LONG TERM CARE INC	
	04 01 2012 To:	06 / D D / Y Y Y Y Y 2012
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)	8051.63	16673.68
(ii) Unitemized	4666.47	13069.64
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	12718.10	29743.32
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	7 7 7	7 7
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	10710.10	20742 22
Totals to Line 33, page 5)	12718.10	29743.32
12. Transfers From Affiliated/Other	0.00	0.00
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
(a) Total Transform (add 19(a) and 19(b))	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))		0.00
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	12718.10	29743.32
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	12718.10	29743.32
	12110.10	

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))►	0.00	0.0
Transfers to Affiliated/Other Party		
Committees Contributions to Federal Candidates/Committees	0.00	0.0
Federal Candidates/Committees and Other Political Committees Independent Expenditures	8500.00	23500.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.0
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.0
(b) Political Party Committees(c) Other Political Committees	0.00	0.0
(such as PACs)	0.00	0.0
(d) Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c))►		0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	7 7 7 0.00	
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.0
 (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶ 	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8500.00	23500.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	8500.00	23500.00

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	12718.10	29743.32
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	12718.10	29743.32
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	0.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions tee 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) Mailing Address 2759 CR 1490 City Center FEC ID number of contributing federal political committee.	State Zip Code TX 75935	Date of Receipt 06 30 2012 Transaction ID : SA11AI.5666 Amount of Each Receipt this Period 192.12
Name of Employer Nexion Health Receipt For: Primary General Other (specify)	Occupation Administrator Aggregate Year-to-Date ▼ 416.26	payroll deduction \$ 32.02 bi-weekly
Full Name (Last, First, Middle Initial) B. Brad Barnes Mailing Address 2615 Falcon Knoll City Katy FEC ID number of contributing federal political committee. Name of Employer Nexion Health Receipt For: Primary	State Zip Code TX 77494 C Occupation Administrator Aggregate Year-to-Date ▼	Date of Receipt
C. Brad Barnes Mailing Address 2615 Falcon Knoll City Katy FEC ID number of contributing federal political committee. Name of Employer Nexion Health Receipt For: Primary General Other (specify) ▼	State Zip Code TX 77494 C Occupation Administrator Aggregate Year-to-Date ▼ 2122.70 2122.70	Date of Receipt 06 30 2012 Transaction ID : SA11AI.5667 Amount of Each Receipt this Period 405.30 payroll deduction \$ 57.90 bi-weekly
SUBTOTAL of Receipts This Page (optional)		

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	nd Statements may not be sold or used by any portion of the name and address of any political committee	
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FC	OR QUALITY LONG TERM CARE I	NC
Full Name (Last, First, Middle Initial) A. Sherri Clark Mailing Address P.O. Box 933 City Quitman FEC ID number of contributing federal political committee. Name of Employer Nexion Health Receipt For: Primary General Other (specify) ▼	State Zip Code TX 75783 C Occupation RDO Aggregate Year-to-Date ▼ 675.09	Date of Receipt 06 30 2012 Transaction ID : SA11AI.5672 Amount of Each Receipt this Period 363.51 payroll deduction \$ 51.93 bi-weekly
Full Name (Last, First, Middle Initial) B. Kevin A. Doerr Mailing Address 108 Drew Court Apt. A		Date of Receipt
City Thibodeaux FEC ID number of contributing federal political committee. Name of Employer Nexion Health-Thibodeaux Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code LA 70301 C Occupation Administrator Aggregate Year-to-Date ▼ 500.00	Transaction ID : SA11AI.5742 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) C. Tammy Hendrickson Mailing Address 11959 Highway 120 City Marthaville FEC ID number of contributing federal political committee. Name of Employer Nexion Health Receipt For: Primary General Other (specify) ▼	State Zip Code LA 71450 C Occupation Administrator Aggregate Year-to-Date ▼ 1000.00 1000.00	Date of Receipt 04 04 2012 Transaction ID : SA11AI.5724 Amount of Each Receipt this Period 500.00
	ıl)	1363.51

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions		
\rangle	NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR (QUALITY	LONG TERM CARE I	NC		
Α.	Mailing Address 205 Rocky Mound Drive	State	Zip Code 70506	Date of Receipt 06 / 30 / 2012 Transaction ID : SA11AI.5671		
	Lafayette FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 149.87 payroll deduction \$ 23.89 bi-weekly		
	Name of Employer Nexion Health Receipt For: Primary General Other (specify) ▼	Occupation RFS South Aggregate				
в.	Full Name (Last, First, Middle Initial) Denise Honnoll Mailing Address 14971 SH 154E City	State	Zip Code	Date of Receipt		
	Diana FEC ID number of contributing federal political committee.	С	75640	Transaction ID : SA11AI.5674 Amount of Each Receipt this Period 247.59 payroll deduction \$ 35.37 bi-weekly		
	Name of Employer Nexion Health Receipt For: Primary General Other (specify) V	0	inical Specialist Year-to-Date ▼ 459.81			
C.	Full Name (Last, First, Middle Initial) Marguerite P. Jenkins Mailing Address 118 2nd Avenue			Date of Receipt		
	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	Zip Code 21136 Year-to-Date ▼ 384.41	Transaction ID : SA11AI.5675 Amount of Each Receipt this Period 206.99 payroll deduction \$ 29.57 bi-weekly		
s	UBTOTAL of Receipts This Page (optional)		•	604.45		
Т	OTAL This Period (last page this line number of	only)	••••••			

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR (QUALITY	LONG TERM CARE I	NC						
Α.	Full Name (Last, First, Middle Initial) Tod P. Mahoney			Date of Receipt						
	Mailing Address 1019 Brook Arbor Drive	State	Zip Code	05 24 2012 Transaction ID : SA11AI.5736						
	Mansfield	ТΧ	76063	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		1000.00						
	Name of Employer Nexion Health-Cross Timbers	Occupation Administrat		_						
	Receipt For:	Aggregate	Year-to-Date ▼	—						
	Primary General Other (specify)		1000.00							
B.	Full Name (Last, First, Middle Initial) Laura Lassie McDowell-Pappas			Date of Receipt						
	Mailing Address 18716 Falls Road	06 30 2012								
	City	State	Zip Code	Transaction ID : SA11AI.5676						
	Hampstead	MD	21074	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		160.51						
	Name of Employer Nexion Health, Inc.	Occupation Director, Pu	n urchasing & Finance	— payroll deduction \$ 22.93 bi-weekly						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 298.09							
<u>с</u> .	Full Name (Last, First, Middle Initial) Carol Sue Nair			Date of Receipt						
	Mailing Address 1413 W. Main			04 04 Y Y Y Y Y 04 04 04						
	City Waxahachee	State TX	Zip Code 75165	Transaction ID : SA11AI.5687						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
	Name of Employer									
	Nexion Health	ion Health Administrator								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		240.00							
	UBTOTAL of Receipts This Page (optional)									
1'	This i shou has page this line humber (y/	····· •							

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

			for each catego Detailed Summ		X 11a 11b 11c 12 13 14 15 16 17						
or f	v information copied from such Reports and St or commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR C	QUALITY	LONG TER	M CARE IN	С						
A .	Full Name (Last, First, Middle Initial) Carol Sue Nair				Date of Receipt						
-	Mailing Address 1413 W. Main		7. 0. 1		M M / D D / Y						
	City Waxahachee	State TX	Zip Code 75165		Transaction ID : SA11AI.5729 Amount of Each Receipt this Period						
	FEC ID number of contributing rederal political committee.	С			205.00						
I	Name of Employer Nexion Health	Occupation Administrat									
I	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	445.00							
	Full Name (Last, First, Middle Initial) Jason Palculict				Date of Receipt						
I	Mailing Address 701 Fair Park				05 24 _2012 _						
	City Henderson	State TX	Zip Code 75654		Transaction ID : SA11AI.5735 Amount of Each Receipt this Period						
	FEC ID number of contributing ederal political committee.	С			500.00						
	Name of Employer Nexion-Fair Park	Occupation Administrate									
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	500.00							
	Full Name (Last, First, Middle Initial)				Date of Receipt						
-	Mailing Address 1600 1/2 Webb Street				06 30 / Y Y Y Y Y 2012						
(City Henderson	State TX	Zip Code 75654		Transaction ID : SA11AI.5668 Amount of Each Receipt this Period						
	FEC ID number of contributing rederal political committee.	С			150.00						
1	Name of Employer		payroll deduction \$ 25 bi-weekly								
	Nexion Health										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1000.00							
รเ	JBTOTAL of Receipts This Page (optional)			····· •	855.00						
тс	TAL This Period (last page this line number c	only)		••••••							

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin	and Statements may not be sold or used by any pe g the name and address of any political committee	
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FC	OR QUALITY LONG TERM CARE I	NC
Full Name (Last, First, Middle Initial) A. Emmett A. Riner III Mailing Address P.O. Box 391 City Naples FEC ID number of contributing federal political committee. Name of Employer Nexion Health Receipt For: Primary General Other (specify) ▼	State Zip Code TX 75568 C Occupation Administrator-New Boston H'Ithcare Ctr Aggregate Year-to-Date ▼ 500.00	Date of Receipt 04 04 2012 Transaction ID : SA11AI.5728 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) B. Meera Riner Mailing Address 513 Hillside Drive City Auburndale FEC ID number of contributing federal political committee. Name of Employer Nexion Health Receipt For: Primary General Other (specify)	State Zip Code FL 33823 C Occupation Occupation Vice-President for Operations Aggregate Year-to-Date ▼ 1529.97	Date of Receipt 06 30 2012 Transaction ID : SA11AI.5670 Amount of Each Receipt this Period 823.83 payroll deduction \$ 117.69 bi-weekly
Full Name (Last, First, Middle Initial) Jennifer L. Swim Mailing Address 6354 Chickamauga Trail City Shreveport FEC ID number of contributing federal political committee. Name of Employer Nexion Vivian Receipt For: Primary General Other (specify) ▼	State Zip Code LA 71107 C Occupation Administrator Aggregate Year-to-Date ▼ 1514.96 1514.96	Date of Receipt 06 30 2012 Transaction ID : SA11AI.5669 Amount of Each Receipt this Period 188.44 payroll deduction \$ 26.92 bi-weekly
SUBTOTAL of Receipts This Page (optiona	al)	1512.27
TOTAL This Period (last page this line num	nber only)	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

			for each category of the Detailed Summary Page		(11a 13		11b		11c	12	17			
or for c	ormation copied from such Reports and St commercial purposes, other than using the				for the		pose		oliciting	g contrib	utions			
	IE OF COMMITTEE (In Full) EXION HEALTH FUND FOR C	QUALITY	LONG TERM CARE I	NC										
Full A. Pe	Name (Last, First, Middle Initial) nny Walker				Date c	of Re	eceip	ot						
	Mailing Address 107 East Ross						06 / 30 / 2012 Transaction ID : SA11AI.5673							
	xahachie	State TX	Zip Code 75165	-			-							
FEC	ID number of contributing ral political committee.	С			Amour	it of	Eac	n Re	ceipt tr	nis Perio 21	a 8.47			
	ne of Employer	Occupation Dietician		— p	ayroll	dedu	uction	n \$ 3′	1.21 bi-	weekly				
Rece	eipt For: Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 405.73											
	Name (Last, First, Middle Initial) rbara Ziesing				Date c	of Re	eceip	ot						
Maili	Mailing Address 1173 Cypress Island Highway					06 28 2012								
City St. M	Martinsville	State LA	Zip Code 70582						A11AI. ceipt th	5744 nis Perio	d			
	ID number of contributing ral political committee.	С					7		7	50	0.00			
	ie of Employer on Health-Lafayette	Occupation Administrate												
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
Full C.	Name (Last, First, Middle Initial)				Date c	of Re	eceip	ot						
Maili	ing Address				M	/	D	D	/ Y	- Y - Y	Y			
City	City State Zip Code						Eac	h Re	ceipt th	nis Perio	d			
	ID number of contributing ral political committee.													
Nam	Name of Employer Occupation													
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼											
SUBT	OTAL of Receipts This Page (optional)			•						71	8.47			
	L This Period (last page this line number of		· · · · · · · · · · · · · · · · · · ·	•			,		,	805	1.63			

S	CHEDULE B (FEC Form 3X)			FOP		IUMBER:		PA	GE 13	OF 14
	EMIZED DISBURSEMENTS	Use separate sch for each category			ck only					
		Detailed Summar			21b 27	22 28a	X 23 28b	24 28c	25	26 30b
	y information copied from such Reports and State for commercial purposes, other than using the na				y persor	n for the	purpose	of solicitin	g contrib	utions
\square	NAME OF COMMITTEE (In Full)			_	_					
	NEXION HEALTH FUND FOR QU	JALITY LONG	TERM	CARE		;				
Α.	Full Name (Last, First, Middle Initial) CASTRO FOR CONGRESS		Date of Disbursement							
	Mailing Address PO BOX 544									
	City SAN ANTONIO	State Zip Co TX 78292				Trans	action IE) : SB23.5	677	
	Purpose of Disbursement contribution					Amount	t of Each	Disburse	ment this	Period
	Candidate Name JOAQUIN CASTRO			Catego Type				,	100	0.00
	Senate President	ement For: 2012 Primary X G Other (specify) ▼	General							
в.	State: TX District: 20 Full Name (Last, First, Middle Initial) DEWHURST FOR TEXAS						Disburs			
	Mailing Address 1210 SAN ANTONIO STREET S						2012	Y		
	City AUSTIN	State Zip Co TX 78767				Trans	action II) : SB23.5	682	
	Purpose of Disbursement contribution					Amount of Each Disbursement this				
	Candidate Name DAVID H DEWHURST		Catego Type		3000.00					
	Office Sought: House Disburse	ement For: 2012 Primary G Other (specify) ▼	eneral				,	,		
с.	Full Name (Last, First, Middle Initial) DEWHURST FOR TEXAS					Date of	f Disburs	ement		
	Mailing Address 1210 SAN ANTONIO STREET S				05 / D D / Y Y Y Y 23 2012					
	City AUSTIN	State Zip Co TX 78767				Trans	action I	D : SB23.5	683	
	Purpose of Disbursement contribution				Amount of Each Disbursement this Period					
	Candidate Name DAVID H DEWHURST			Catego Type		200				
	Office Sought: House Disburse Senate President X State: TX District: 00	Other (specify)	aeneral Runoff							
5	UBTOTAL of Disbursements This Page (optional)								600	0.00
⊢	OTAL This Period (last page this line number only					Ē		,		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 14 OF 14						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	one)						
	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b						
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam									
			_						
NEXION HEALTH FUND FOR QU	ALITY LONG TERM		2						
Full Name (Last, First, Middle Initial)			Date of Disbursement						
Mailing Address 192 LEXINGTON AVENUE SUITE	1001		04 16 2012						
City	State Zip Code								
NEW YORK	NY 10016		Transaction ID : SB23.5680						
Purpose of Disbursement contribution		· · · · ·	Amount of Each Disbursement this Period						
		Category/	1000.00						
CHARLES E SCHUMER Office Sought: House Disbursen	nent For: 2016	Туре							
X Senate	Primary General								
State: NY District: 00	Other (specify)								
Full Name (Last, First, Middle Initial)			Date of Disbursement						
B. LISA WILSON-FOLEY FOR CONC	SON-FOLEY FOR CONGRESS								
Mailing Address P.O. BOX 1220	Mailing Address P.O. BOX 1220								
City S AVON	StateZip CodeCT06001		Transaction ID : SB23.5686						
Purpose of Disbursement contribution			Amount of Each Disbursement this Period						
Candidate Name		Category/							
LISA A WILSON-FOLEY		Туре	1500.00						
	nent For: 2012 Primary General								
President	Other (specify)								
State: CT District: 05 Full Name (Last, First, Middle Initial)	Convention								
C.			Date of Disbursement						
Mailing Address			M M / D D / Y Y Y Y						
City	City State Zip Code								
Purpose of Disbursement	Purpose of Disbursement								
Candidate Name	Amount of Each Disbursement this Period								
Office Sought: House Disbursen		Туре	7 7 7						
President	Primary General Other (specify) ▼								
State: District:	•								
SUBTOTAL of Disbursements This Page (optional)		••••••	2500.00						
TOTAL This Period (last page this line number only)		>	8500.00						