

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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 Year-End 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 (12S)

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 / / through / /

04 / 01 / 2012 through 06 / 30 / 2012

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 [Electronically Filed] Date / /

07 / 11 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Report Covering the Period: From: / / To: / /

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 (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)	12718.10	29743.32
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 Transfers (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))..... ▶	12718.10	29743.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12718.10	29743.32

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	8500.00	23500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	8500.00	23500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8500.00	23500.00

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)	12718.10	29743.32
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12718.10	29743.32
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: (check only one)	PAGE 6 OF 14
	<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"/>	<input type="checkbox"/> 17

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

A. Hollie Adams
Full Name (Last, First, Middle Initial)

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 ▼ **416.26**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : SA11AI.5666

Amount of Each Receipt this Period
192.12

payroll deduction \$ 32.02 bi-weekly

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

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 ▼ **1717.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : SA11AI.5740

Amount of Each Receipt this Period
1000.00

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

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 ▼ **2122.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
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)..... ▶ **1597.42**

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 OF 14
	<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

A. Sherri Clark
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 933

City Quitman State TX Zip Code 75783

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

Name of Employer Nexion Health Occupation RDO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.09**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : SA11AI.5672

Amount of Each Receipt this Period
363.51

payroll deduction \$ 51.93 bi-weekly

B. Kevin A. Doerr
Full Name (Last, First, Middle Initial)

Mailing Address 108 Drew Court Apt. A

City Thibodeaux State LA Zip Code 70301

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

Name of Employer Nexion Health-Thibodeaux Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : SA11AI.5742

Amount of Each Receipt this Period
500.00

C. Tammy Hendrickson
Full Name (Last, First, Middle Initial)

Mailing Address 11959 Highway 120

City Marthaville State LA Zip Code 71450

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 ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 04 / 2012

Transaction ID : SA11AI.5724

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1363.51
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 8 OF 14
	<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

Full Name (Last, First, Middle Initial) A. Janice R. Hill		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : SA11AI.5671
Mailing Address 205 Rocky Mound Drive		Amount of Each Receipt this Period 149.87 payroll deduction \$ 23.89 bi-weekly
City Lafayette	State LA	Zip Code 70506
FEC ID number of contributing federal political committee.	C	
Name of Employer Nexion Health	Occupation RFS South Louisiana	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 274.49	

Full Name (Last, First, Middle Initial) B. Denise Honnoll		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : SA11AI.5674
Mailing Address 14971 SH 154E		Amount of Each Receipt this Period 247.59 payroll deduction \$ 35.37 bi-weekly
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 459.81	

Full Name (Last, First, Middle Initial) C. Marguerite P. Jenkins		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : SA11AI.5675
Mailing Address 118 2nd Avenue		Amount of Each Receipt this Period 206.99 payroll deduction \$ 29.57 bi-weekly
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.41	

SUBTOTAL of Receipts This Page (optional).....▶	604.45
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 OF 14
<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. Tod P. Mahoney
Full Name (Last, First, Middle Initial)

Mailing Address 1019 Brook Arbor Drive

City Mansfield State TX Zip Code 76063

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

Name of Employer Nexion Health-Cross Timbers Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 24 / 2012
Transaction ID : SA11AI.5736

Amount of Each Receipt this Period 1000.00

B. Laura Lassie McDowell-Pappas
Full Name (Last, First, Middle Initial)

Mailing Address 18716 Falls Road

City Hampstead State MD Zip Code 21074

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

Name of Employer Nexion Health, Inc. Occupation Director, Purchasing & Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 298.09

Date of Receipt 06 / 30 / 2012
Transaction ID : SA11AI.5676

Amount of Each Receipt this Period 160.51
payroll deduction \$ 22.93 bi-weekly

C. Carol Sue Nair
Full Name (Last, First, Middle Initial)

Mailing Address 1413 W. Main

City Waxahatchee State TX Zip Code 75165

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 ▼ 240.00

Date of Receipt 04 / 04 / 2012
Transaction ID : SA11AI.5687

Amount of Each Receipt this Period 240.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.51

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 10 OF 14
<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. Carol Sue Nair
Full Name (Last, First, Middle Initial)

Mailing Address 1413 W. Main

City Waxahatchee State TX Zip Code 75165

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 ▼ **445.00**

Date of Receipt **05 / 04 / 2012**

Transaction ID : SA11AI.5729

Amount of Each Receipt this Period **205.00**

B. Jason Palculict
Full Name (Last, First, Middle Initial)

Mailing Address 701 Fair Park

City Henderson State TX Zip Code 75654

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

Name of Employer Nexion-Fair Park Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 24 / 2012**

Transaction ID : SA11AI.5735

Amount of Each Receipt this Period **500.00**

C. Shari Richey
Full Name (Last, First, Middle Initial)

Mailing Address 1600 1/2 Webb Street

City Henderson State TX Zip Code 75654

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 ▼ **1000.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : SA11AI.5668

Amount of Each Receipt this Period **150.00**

payroll deduction \$ 25 bi-weekly

SUBTOTAL of Receipts This Page (optional)..... **855.00**

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: (check only one)	PAGE 11 OF 14
<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. Emmett A. Riner III
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 391
 City Naples State TX Zip Code 75568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nexion Health Occupation Administrator-New Boston H'lthcare Ctr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 04 / 2012**
Transaction ID : SA11AI.5728
 Amount of Each Receipt this Period **500.00**

B. Meera Riner
 Full Name (Last, First, Middle Initial)
 Mailing Address 513 Hillside Drive
 City Auburndale State FL Zip Code 33823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nexion Health Occupation Vice-President for Operations
 Receipt For: Primary General Other (specify)
 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

C. Jennifer L. Swim
 Full Name (Last, First, Middle Initial)
 Mailing Address 6354 Chickamauga Trail
 City Shreveport State LA Zip Code 71107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nexion Vivian Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **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 (optional)..... **1512.27**
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 12 OF 14
	(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"/> 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

A. Penny Walker
Full Name (Last, First, Middle Initial)

Mailing Address 107 East Ross

City Waxahachie State TX Zip Code 75165

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

Name of Employer Nexion Health Occupation Dietician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **405.73**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : SA11AI.5673

Amount of Each Receipt this Period
218.47

payroll deduction \$ 31.21 bi-weekly

B. Barbara Ziesing
Full Name (Last, First, Middle Initial)

Mailing Address 1173 Cypress Island Highway

City St. Martinsville State LA Zip Code 70582

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

Name of Employer Nexion Health-Lafayette Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : SA11AI.5744

Amount of Each Receipt this Period
500.00

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	718.47
TOTAL This Period (last page this line number only).....▶	8051.63

**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)

<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

Full Name (Last, First, Middle Initial)

A. CASTRO FOR CONGRESS

Mailing Address PO BOX 544

City SAN ANTONIO State TX Zip Code 78292

Purpose of Disbursement contribution

Candidate Name
JOAQUIN CASTRO

Office Sought: House
 Senate
 President
State: TX District: 20

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 12 / 2012

Transaction ID : **SB23.5677**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DEWHURST FOR TEXAS

Mailing Address 1210 SAN ANTONIO STREET SUITE 700

City AUSTIN State TX Zip Code 78767

Purpose of Disbursement contribution

Candidate Name
DAVID H DEWHURST

Office Sought: House
 Senate
 President
State: TX District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2012

Transaction ID : **SB23.5682**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. DEWHURST FOR TEXAS

Mailing Address 1210 SAN ANTONIO STREET SUITE 700

City AUSTIN State TX Zip Code 78767

Purpose of Disbursement contribution

Candidate Name
DAVID H DEWHURST

Office Sought: House
 Senate
 President
State: TX District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Runoff

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2012

Transaction ID : **SB23.5683**

Amount of Each Disbursement this Period

2000.00

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

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

6000.00

