28039941393

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2000 DEC -4 PM 4: 08

				Office Use Only
1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT *	Example:If typing, type over the lines	
L	NEXION HEALTH FUND	FOR QUALITY LONG TERM CARE	INC	
Ш				
ADD	PRESS (number and street)	228 S WASHINGTON STREE	T SUITE 115 \-	
	Check if different than previously reported. (ACC)	ALEXANDRIA		VA 22314
2.	FEC IDENTIFICATION N	UMBER ♥ CITY ▲	.	STATE A ZIPCODE A
i	C00434233	3. IS TH		x AMENDED (A)
	TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report July 15 Quarterly Report Cotober 15 Quarterly Report January 31 Quarterly Report January 31 Quarterly Report Parameter of the port	t(Q2) t(Q2) PRE-Election Report for the: t(Q3) t(YE) Election of the control	(M3) Jun 20 (M6) (M4) Jul 20 (M7) Primary (12P) Convention (12C) General (30G)	Year Only)
	Covering Period	07 01 2008	through 0 9	30 2008
	tify that I have examined to or Print Name of Treasure	his Report and to the best of my kno er Keith A. Davis, A		
Sign	ature of Treasurer ·	Kitl A. Das		Date 12 04 2008 Ing this Report to the penalties of 2 U.S.C 437g.
	Office Use Only			FEC FORM 3X (Rev. 12/2004)
rE6A	N026			

<1.

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Re	eport Covering the Period: From:	M 0 D V V W V 2 0 0 8	To: 09 30 YYYYY
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
3.	(a) Cash on Hand January 1		6250.99
	(b) Cash on Hand at Begining of Reporting Period	22390.25]
	(c) Total Receipts (from Line 19)(d) Subtotal (add lines 6(b) and	5720.10	31754.40
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	28110.35	38005.39
7.	Total Disbursements (from Line 31)	2000.00	11895.04
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26110.35	26110.35
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 multica	ndidate 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	

ហ

	OF RECEIPTS				
FEC Form 3X (Rev. 06/2004) Page 3					
W	Write or Type Committee Name NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC				
	MEXICA REALITY OND FOR GOALITY LO	MG ILINI CAIL INC			
R	Report Covering the Period: From:	01 2008	To: 09 30 Y Y Y Y Y		
	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)	4578.10	22441.29		
	(ii) Unitemized	1142.00			
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	5720.10	31754.40		
	(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)	5720.10	31754.40		
12.	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		
16.	(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		
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),	5720.10	31754.40		
20	12, 13, 14, 15, 16, 17, and 18(c))				
20.	(subtract Line 18/c) from Line 19)	5720.10	31754.40		

DETAILED SUMMARY PAGE

Page 4

of Disbursements

FEC Form 3X (Rev. 02/2003)

	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
2.	Transfers to Affiliated/Other Party		
3.	Contributions to	0.00	0,00
	Federal Candidates/Committeesand Other Political Committees	2000.00	10250.00
	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	1500.00
	Than Political Committees		
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1500.00
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	0.00	0.00
	With Federal Funds (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,	2000.00	44005.04
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2000.00	11895.04
32.			
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	. 2000.00	11895.04

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)	5720.10	31754.40
34.	Total Contribution Refunds (from Line 28(d))	0.00	1500.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	5720.10	30254.40
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

O O
M
~-
T
Q)
O)
M
Ø
¢¢
M

	SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER:	PAGE 13/13
	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)	FAGE 13713
	ITEMIZED DISBURSEMENTS	Detailed Summary Page		23 24 25 26 28b 28c 29 30b
	Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUALITY L	ONG TERM CARE INC		
_ `	Full Name (Last, First, Middle Initial)		Transaction	on ID: SB23,4515
A.	CAZAYOUX FOR CONGRESS	/		sbursement 2008
	Mailing Address POB 3172		og a w	25 / 2008
	City	State Zip Code	Amount of	FEach Disbursement this Period
	Baton Rouge	LA 70821		4000.00
	Purpose of Disbursement Contribution			1000.00
	Candidate Name DONALD J CAZAYOUX		Category/ Type	
	Office Sought: X House Disburs Senate X President State: LA District: 06	ement For: 2008 Primary General Other (specify) ▼		
В.	Full Name (Last, First, Middle Initial) CUMMINGS FOR CONGRESS CAMPAIG	N COMMITTEE	Date of D	on ID: SB23.4414 isbursement
	Mailing Address PO BOX 1631			16 / 2008
	City BALTIMORE	State Zip Code MD 21203	Amount o	f Each Disbursement this Period
	Purpose of Disbursement Contribution		1000.00	
	Candidate Name ELIJAH E CUMMINGS		Category/ Type	
	Office Sought: X House Disburs Senate President	ement For: 2008 Primary X General Other (specify)		
	State: MD District: 07			

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	2000.00
TOTAL This Period (last page this line number only)	•	2000.00

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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify):