

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2008 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

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 CITY STATE ZIP CODE

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 11 04 2008 in the State of [ ]

5. Covering Period 10 16 2008 through 11 24 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 12 04 2008

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

28039941408

**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 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 6 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 4 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

|  | COLUMN A<br>This Period                              | COLUMN B<br>Calendar Year-to-Date |  |          |   |   |   |   |   |  |   |         |
|--|--|-----------------------------------|--|----------|---|---|---|---|---|--|---|---------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><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 | <table border="1"><tr><td> </td></tr></table> |  | <table border="1"><tr><td>6250.99</td></tr></table> | 6250.99 |
| Y  | Y  | Y                                 | Y  |          |   |   |   |   |   |  |   |         |
| 2  | 0  | 0                                 | 8  |          |   |   |   |   |   |  |   |         |
|  |  |                                   |  |          |   |   |   |   |   |  |   |         |
| 6250.99  |  |                                   |  |          |   |   |   |   |   |  |   |         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....   | <table border="1"><tr><td>24600.59</td></tr></table> | 24600.59                          |  |          |   |   |   |   |   |  |   |         |
| 24600.59   |  |                                   |  |          |   |   |   |   |   |  |   |         |
| (c) Total Receipts (from Line 19) .....  | <table border="1"><tr><td>2975.67</td></tr></table>  | 2975.67                           | <table border="1"><tr><td>36220.31</td></tr></table> | 36220.31 |   |   |   |   |   |  |   |         |
| 2975.67  |  |                                   |  |          |   |   |   |   |   |  |   |         |
| 36220.31   |  |                                   |  |          |   |   |   |   |   |  |   |         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....   | <table border="1"><tr><td>27576.26</td></tr></table> | 27576.26                          | <table border="1"><tr><td>42471.30</td></tr></table> | 42471.30 |   |   |   |   |   |  |   |         |
| 27576.26   |  |                                   |  |          |   |   |   |   |   |  |   |         |
| 42471.30   |  |                                   |  |          |   |   |   |   |   |  |   |         |
| 7. Total Disbursements (from Line 31) .....  | <table border="1"><tr><td>4000.00</td></tr></table>  | 4000.00                           | <table border="1"><tr><td>18895.04</td></tr></table> | 18895.04 |   |   |   |   |   |  |   |         |
| 4000.00  |  |                                   |  |          |   |   |   |   |   |  |   |         |
| 18895.04   |  |                                   |  |          |   |   |   |   |   |  |   |         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....  | <table border="1"><tr><td>23576.26</td></tr></table> | 23576.26                          | <table border="1"><tr><td>23576.26</td></tr></table> | 23576.26 |   |   |   |   |   |  |   |         |
| 23576.26   |  |                                   |  |          |   |   |   |   |   |  |   |         |
| 23576.26   |  |                                   |  |          |   |   |   |   |   |  |   |         |
| 9. Debts and Obligations owed TO<br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | <table border="1"><tr><td>0.00</td></tr></table>     | 0.00                              |  |          |   |   |   |   |   |  |   |         |
| 0.00   |  |                                   |  |          |   |   |   |   |   |  |   |         |
| 10. Debts and Obligations owed BY<br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <table border="1"><tr><td>0.00</td></tr></table>     | 0.00                              |  |          |   |   |   |   |   |  |   |         |
| 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

28039941409

**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 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 6 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | W | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 4 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | W | Y |
| 2 | 0 | 0 | 8 |

**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) .....

2716.39

25846.00

(ii) Unitemized .....

259.28

10374.31

(iii) TOTAL (add Lines 11(a)(i) and (ii) .....

2975.67

36220.31

(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) .....

2975.67

36220.31

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)) .....

2975.67

36220.31

20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....

2975.67

36220.31

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A</b><br>Total This Period | <b>COLUMN B</b><br>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.....         | 4000.00                              | 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))..       | 4000.00                              | 18895.04                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 4000.00                              | 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<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 2975.67                       | 36220.31                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 1500.00                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 2975.67                       | 34720.31                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 145.04                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 145.04                            |

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28039941412

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

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

FOR LINE NUMBER: PAGE 6 / 13  
(check only one)  
 11a    11b    11c    12  
 13    14    15    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.

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 ▼ 1346.69

Date of Receipt 11 / 24 / 2008

Transaction ID: SA11AI.4489

Amount of Each Receipt this Period 99.20

payroll deduction \$ 24.80  
bi-weekly

**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 ▼ 2199.90

Date of Receipt 11 / 24 / 2008

Transaction ID: SA11AI.4490

Amount of Each Receipt this Period 294.24

payroll deduction \$ 54.06  
bi-weekly

**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 ▼ 333.52

Date of Receipt 11 / 24 / 2008

Transaction ID: SA11AI.4491

Amount of Each Receipt this Period 50.39

payroll deduction \$ 13.46  
bi-weekly

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 443.83

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

28039941413

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

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

FOR LINE NUMBER: PAGE 7 / 13

(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 ▼  
3726.87

Date of Receipt

11 / 24 / 2008

Transaction ID: SA11AI.4492

Amount of Each Receipt this Period  
230.76

payroll deduction \$ 57.69  
bi-weekly

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 ▼  
1107.65

Date of Receipt

11 / 24 / 2008

Transaction ID: SA11AI.4493

Amount of Each Receipt this Period  
193.84

payroll deduction \$ 48.46  
bi-weekly

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 ▼  
574.99

Date of Receipt

11 / 24 / 2008

Transaction ID: SA11AI.4494

Amount of Each Receipt this Period  
176.92

payroll deduction \$ 44.23  
bi-weekly

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

601.52

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

28039941414

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

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

FOR LINE NUMBER: PAGE 8 / 13  
(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)

Janice R. Hill

Mailing Address 205 Rocky Mound Drive

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:

Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

509.62

Date of Receipt

MM / DD / YYYY  
11 / 24 / 2008

Transaction ID: SA11AI.4495

Amount of Each Receipt this Period

76.08

payroll deduction \$ 19.02  
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Denise Honnoll

Mailing Address 14971 SH 154E

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:

Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

751.87

Date of Receipt

MM / DD / YYYY  
11 / 24 / 2008

Transaction ID: SA11AI.4496

Amount of Each Receipt this Period

130.76

payroll deduction \$ 32.69  
bi-weekly

C.

Full Name (Last, First, Middle Initial)

Tonye Ihua-Maduenyi

Mailing Address 2611 Atrium Drive

City

Grand Prairie

State

TX

Zip Code

75052

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 ▼

1250.11

Date of Receipt

MM / DD / YYYY  
11 / 24 / 2008

Transaction ID: SA11AI.4497

Amount of Each Receipt this Period

153.32

payroll deduction \$ 35.83  
bi-weekly

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

360.16

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

28039941415



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

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

FOR LINE NUMBER: PAGE 9 / 13

(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 State Zip Code  
Reistertown MD 21136

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

Name of Employer Occupation  
Nexion Health Controller

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
729.72

Date of Receipt

11 / 24 / 2008

Transaction ID: SA11AI.4498

Amount of Each Receipt this Period

110.56

payroll deduction \$ 28.17  
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Michael F. Li

Mailing Address 12840 S. Kirkwood #738

City State Zip Code  
Stafford TX 77477

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

Name of Employer Occupation  
Nexion Health LNFA

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
1335.23

Date of Receipt

11 / 24 / 2008

Transaction ID: SA11AI.4499

Amount of Each Receipt this Period

150.40

payroll deduction \$ 30.10  
bi-weekly

C.

Full Name (Last, First, Middle Initial)

Paula F. Lowrie

Mailing Address 1017 Misty Way

City State Zip Code  
Garland TX 75040

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

Name of Employer Occupation  
Nexion Health RFS East Texas

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
513.94

Date of Receipt

11 / 24 / 2008

Transaction ID: SA11AI.4500

Amount of Each Receipt this Period

76.72

payroll deduction \$ 19.18  
bi-weekly

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

337.68

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

28039941416

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

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

FOR LINE NUMBER: PAGE 10 / 13  
(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)  
 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 ▼  
 794.63

Date of Receipt  
 11 / 24 / 2008  
 Transaction ID: SA11AI.4502  
 Amount of Each Receipt this Period  
 118.76  
 payroll deduction \$ 29.69  
 bi-weekly

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 ▼  
 661.29

Date of Receipt  
 11 / 24 / 2008  
 Transaction ID: SA11AI.4501  
 Amount of Each Receipt this Period  
 104.00  
 payroll deduction \$ 27.13  
 bi-weekly

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 ▼  
 386.79

Date of Receipt  
 11 / 24 / 2008  
 Transaction ID: SA11AI.4503  
 Amount of Each Receipt this Period  
 79.24  
 payroll deduction \$ 19.81  
 bi-weekly

SUBTOTAL of Receipts This Page (optional) ..... ▶ **302.00**  
 TOTAL This Period (last page this line number only) ..... ▶

28039941417

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

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

FOR LINE NUMBER: PAGE 11 / 13

(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)

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 ▼  
2307.61

Date of Receipt

MM / DD / YYYY  
11 / 24 / 2008

Transaction ID: SA11AI.4504

Amount of Each Receipt this Period

384.60

payroll deduction \$ 96.15  
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Merritt L. Robinson

Mailing Address 1650 Dunaway Crossing

City State Zip Code  
Fairview TX 75069

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 ▼  
1153.92

Date of Receipt

MM / DD / YYYY  
10 / 29 / 2008

Transaction ID: SA11AI.4505

Amount of Each Receipt this Period

48.08

C.

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 ▼  
523.26

Date of Receipt

MM / DD / YYYY  
11 / 24 / 2008

Transaction ID: SA11AI.4506

Amount of Each Receipt this Period

123.12

payroll deduction \$ 30.78  
bi-weekly

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

555.80

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

28039941418

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

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

FOR LINE NUMBER: PAGE 12 / 13  
(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)  
Penny Walker

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 ▼  
577.00

Date of Receipt  
MM / DD / YYYY  
11 / 24 / 2008

Transaction ID: SA11A1.4507

Amount of Each Receipt this Period  
115.40

payroll deduction \$ 28.85  
bi-weekly

28039941419

|   |   |         |
|---|---|---------|
| SUBTOTAL of Receipts This Page (optional) .....           | ▶ | 115.40  |
| TOTAL This Period (last page this line number only) ..... | ▶ | 2716.39 |

**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)

PAGE 13 / 13

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

|  |  |  |
|--|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Chambliss Victory Committee<br>Mailing Address P.O. Box 75103<br>City Washington State DC Zip Code 20013<br>Purpose of Disbursement Contribution<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District:   |  | Transaction ID: SB23.4523<br>Date of Disbursement<br>MM / DD / YYYY<br>11 / 13 / 2008<br>Amount of Each Disbursement this Period<br>2000.00<br>Category/Type |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE<br>Mailing Address 430 South Capitol Street, SE<br>2nd Floor<br>City Washington State DC Zip Code 20003<br>Purpose of Disbursement Contribution<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District:                              |  | Transaction ID: SB23.4518<br>Date of Disbursement<br>MM / DD / YYYY<br>10 / 16 / 2008<br>Amount of Each Disbursement this Period<br>1000.00<br>Category/Type |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>FRANK KRATOVIL FOR CONGRESS<br>Mailing Address 222 Main Sail Drive<br>PO Box 518<br>City Stevensville State MD Zip Code 21666<br>Purpose of Disbursement Contribution<br>Candidate Name<br>FRANK KRATOVIL<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: MD District: 01 |  | Transaction ID: SB23.4521<br>Date of Disbursement<br>MM / DD / YYYY<br>10 / 24 / 2008<br>Amount of Each Disbursement this Period<br>1000.00<br>Category/Type |
| SUBTOTAL of Disbursements This Page (optional) ..... ▶   |  | 4000.00  |
| TOTAL This Period (last page this line number only) ..... ▶  |  | 4000.00  |

28039941420

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  
12/4/08

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

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

*JMB*  
 PREPARER

12/5/08  
 DATE PREPARED

28039941421