

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 23 2010 through 12 31 2010

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 Electronically Filed by Francis P. Kirley Date 01 28 2011

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)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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 | 3 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 1 | 0 |  | 42294.96 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 1                                 | 0 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 61712.42                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 2858.03                 | 54675.49                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 64570.45                | 96970.45                          |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 1000.00                 | 33400.00                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 63570.45                | 63570.45                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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: 

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

|   |   |
|---|---|
| D | D |
| 2 | 3 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 2045.34                       | 39003.53                          |
| (ii) Unitemized .....  | 812.69                        | 15671.96                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 2858.03                       | 54675.49                          |
| (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) .....     | 2858.03                       | 54675.49                          |
| 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)) .....                          | 2858.03                       | 54675.49                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 2858.03                       | 54675.49                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 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                                  | 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.....         | 1000.00                               | 33400.00                                  |
| 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                                  | 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) 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))..       | 1000.00                               | 33400.00                                  |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1000.00                               | 33400.00                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

| 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 .....         | 2858.03                       | 54675.49                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 2858.03                       | 54675.49                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 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                          | 0.00                              |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 12  
(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 |

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 State Zip Code  
**Center TX 75935**

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 ▼ 1529.04

Date of Receipt M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

**Transaction ID: SA11AI.5236**

Amount of Each Receipt this Period 94.17

payroll deduction \$ 31.39  
bi-weekly

**B.**

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

Mailing Address 2615 Falcon Knoll

City State Zip Code  
**Katy TX 77494**

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 ▼ 2209.31

Date of Receipt M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

**Transaction ID: SA11AI.5237**

Amount of Each Receipt this Period 170.34

payroll deduction \$ 56.78  
bi-weekly

**C.**

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 ▼ 3934.00

Date of Receipt M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

**Transaction ID: SA11AI.5238**

Amount of Each Receipt this Period 177.00

payroll deduction \$ 59 bi-weekly

**SUBTOTAL** of Receipts This Page (optional) ..... 441.51

**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: PAGE 7 / 12

(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)

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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1435.73

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 1 |   | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.5239

Amount of Each Receipt this Period

|        |
|--------|
| 152.73 |
|--------|

payroll deduction \$ 50.91  
bi-weekly

**B.**

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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1622.41

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 1 |   | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.5240

Amount of Each Receipt this Period

|       |
|-------|
| 65.92 |
|-------|

payroll deduction \$ 32.96  
bi-weekly

**C.**

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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 573.45

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 1 |   | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.5241

Amount of Each Receipt this Period

|       |
|-------|
| 61.11 |
|-------|

payroll deduction \$ 20.37  
bi-weekly

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

|        |
|--------|
| 279.76 |
|--------|

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

|  |
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|  |
|--|

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 12                  |
|   | <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

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Denise Honnoll           | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
|   | Mailing Address 14971 SH 154E                                       | <b>Transaction ID:</b> SA11AI.5242                  |
|   | City Diana State TX Zip Code 75640                                  | Amount of Each Receipt this Period<br>105.08        |
|   | FEC ID number of contributing federal political committee. <b>C</b> | payroll deduction \$ 34.68<br>bi-weekly             |
| Name of Employer<br>Nexion Health   | Occupation<br>Regional Clinical Specialist                          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>951.22                                  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Marguerite P. Jenkins    | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
|   | Mailing Address 118 2nd Avenue                                      | <b>Transaction ID:</b> SA11AI.5243                  |
|   | City Reistertown State MD Zip Code 21136                            | Amount of Each Receipt this Period<br>88.71         |
|   | FEC ID number of contributing federal political committee. <b>C</b> | payroll deduction \$ 29.57<br>bi-weekly             |
| Name of Employer<br>Nexion Health   | Occupation<br>Controller  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>829.70                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Paula F. Lowrie          | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
|   | Mailing Address 1017 Misty Way                                      | <b>Transaction ID:</b> SA11AI.5244                  |
|   | City Garland State TX Zip Code 75040                                | Amount of Each Receipt this Period<br>58.68         |
|   | FEC ID number of contributing federal political committee. <b>C</b> | payroll deduction \$ 19.56<br>bi-weekly             |
| Name of Employer<br>Nexion Health   | Occupation<br>RFS East Texas  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>518.65                                  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>252.47</b> |
| <b>TOTAL</b> 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 9 / 12  
(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 ▼ 971.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

**Transaction ID:** SA11AI.5246

Amount of Each Receipt this Period  
183.45

payroll deduction \$ 61.15  
bi-weekly

**B.**

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 ▼ 584.28

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

**Transaction ID:** SA11AI.5247

Amount of Each Receipt this Period  
63.63

payroll deduction \$ 21.21  
bi-weekly

**C.**

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

Mailing Address 1600 1/2 Webb Street

City State Zip Code  
Henderson TX 75654

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 ▼ 1150.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

**Transaction ID:** SA11AI.5248

Amount of Each Receipt this Period  
75.00

payroll deduction \$ 25 bi-weekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **322.08**

**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 10 / 12  
(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)<br>Meera Riner  |   | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
| Mailing Address 513 Hillside Drive  |   | <b>Transaction ID:</b> SA11AI.5249                  |
| City<br>Auburndale  | State<br>FL                                 | Zip Code<br>33823                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | Amount of Each Receipt this Period<br>353.07        |
| Name of Employer<br>Nexion Health   | Occupation<br>Vice-President for Operations | payroll deduction \$ 117.69<br>bi-weekly            |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>3542.17         |   |

**B.**

|   |                                       |   |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Sheryl Smith   |                                       | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
| Mailing Address 9777 FM 226   |                                       | <b>Transaction ID:</b> SA11AI.5250                  |
| City<br>Nacogdoches   | State<br>TX                           | Zip Code<br>75961                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                       | Amount of Each Receipt this Period<br>69.24         |
| Name of Employer<br>Nexion Health   | Occupation<br>Assistant Administrator | payroll deduction \$ 23.08<br>bi-weekly             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>415.44    |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Don L. Sowell, Jr.   |                                    | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
| Mailing Address 5902 Ancient Oaks   |                                    | <b>Transaction ID:</b> SA11AI.5251                  |
| City<br>Humble  | State<br>TX                        | Zip Code<br>77346                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>153.00        |
| Name of Employer<br>Nexion Health   | Occupation<br>South Texas RDO      | payroll deduction \$ 51 bi-weekly                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>622.90 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>575.31</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 11 / 12                 |
|   | (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)  
Jennifer L. Swim

Mailing Address 6354 Chickamauga Trail

City State Zip Code  
Shreveport LA 71107

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

Name of Employer Occupation  
Nexion Vivian Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1428.44

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2010

**Transaction ID:** SA11AI.5252

Amount of Each Receipt this Period  
80.76

payroll deduction \$ 26.92  
bi-weekly

**B.**

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 ▼  
836.25

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2010

**Transaction ID:** SA11AI.5253

Amount of Each Receipt this Period  
93.45

payroll deduction \$ 31.15  
bi-weekly

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>174.21</b>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>2045.34</b> |

**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 12 / 12

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

A.

Full Name (Last, First, Middle Initial)  
HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code  
SALT LAKE CITY UT 84101

Purpose of Disbursement  
Contribution

Candidate Name  
ORRIN G HATCH

Office Sought:  House  
 Senate  
 President

State: UT District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.5256

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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