

2009 JUL 24 AM 10:14

# NOTIFICATION OF MULTICANDIDATE STATUS

( See reverse side for instructions )

This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC		2. FEC IDENTIFICATION NUMBER C00434233
(b) Number and Street Address 228 S WASHINGTON STREET SUITE 115		
(c) City, State and ZIP Code ALEXANDRIA VA 22314		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" type="checkbox"/> OTHER

I certify that one of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on \_\_\_\_\_ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: \_\_\_\_\_

FEC Identification Number: \_\_\_\_\_

5. **STATUS BY QUALIFICATION:**

(a) **candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	MAX BAUCUS	Senate	MT 00	09/14/2007
(ii)	ALBERT R WYNN	House	MD 04	01/29/2008
(iii)	JOHN D MR. DINGELL	House	MI 15	02/08/2008
(iv)	PAT ROBERTS	Senate	KS. 00	04/06/2008
(v)	MITCH MCCONNELL	Senate	KY 00	04/11/2008

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 06/21/2009

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 04/24/2007

(d) **Qualification:** The committee met the above requirements on: 06/21/2009

I certify that I have examined this Statement 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 <i>Keith A. Davis</i>	DATE 07/23/2009
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Text

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
Federal Election Commission, Washington, DC 20463  
Toll-free 800-424-9530  
Local 202-694-1100

**FEC FORM 1 M**  
Revised 1/2001

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**Federal Election Commission**  
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FedEx</i>	Shipping Date <i>7/23/07</i>
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*[Signature]*  
 PREPARER

*1/24/2009*  
 DATE PREPARED