

2009 JUL 29 AM 10:38

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 CITY STATE ZIPCODE
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 _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

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 07 28 2009

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

29030132561

**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
0	1

D	D
0	1

Y	Y	W	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	W	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>W</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	W	Y	2	0	0	9		25993.13
Y	Y	W	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	25993.13									
(c) Total Receipts (from Line 19)	20047.23	20047.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46040.36	46040.36								
7. Total Disbursements (from Line 31)	13550.00	13550.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32490.36	32490.36								
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

29030132562

**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:

MM DD YYYY
01 01 2009

To:

MM DD YYYY
06 30 2009

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)

14234.85

14234.85

(ii) Unitemized

5812.38

5812.38

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

20047.23

20047.23

(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)

20047.23

20047.23

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))

20047.23

20047.23

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

20047.23

20047.23

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	50.00	50.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	50.00	50.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	13500.00
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))..	13550.00	13550.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13550.00	13550.00

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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	20047.23	20047.23
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20047.23	20047.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	50.00	50.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	50.00	50.00

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

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

FOR LINE NUMBER: PAGE 6 / 17
(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

25030132566

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
Nexion Health

Occupation
Administrator

Receipt For:
 Primary General
 Other (specify)▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2009

Transaction ID: SA11AI.4601

Amount of Each Receipt this Period
750.00

B.

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
Nexion Health

Occupation
Administrator

Receipt For:
 Primary General
 Other (specify)▼

Aggregate Year-to-Date ▼
1182.40

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: SA11AI.4556

Amount of Each Receipt this Period
432.40

payroll deduction \$ 24.80
bi-weekly

C.

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
Nexion Health

Occupation
Administrator

Receipt For:
 Primary General
 Other (specify)▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: SA11AI.4618

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional) ▶ **1932.40**

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 / 17
(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)
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
Nexion Health

Occupation
Administrator

Receipt For:
 Primary General
 Other (specify)▼

Aggregate Year-to-Date ▼
1608.27

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: SA11AI.4557

Amount of Each Receipt this Period
858.27

payroll deduction \$ 55.68
bi-weekly

B.

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
Nexion Health

Occupation
EVP & CFO

Receipt For:
 Primary General
 Other (specify)▼

Aggregate Year-to-Date ▼
3157.83

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: SA11AI.4560

Amount of Each Receipt this Period
757.83

payroll deduction \$ 59 bi-weekly

C.

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
Nexion Health

Occupation
RDO

Receipt For:
 Primary General
 Other (specify)▼

Aggregate Year-to-Date ▼
640.19

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: SA11AI.4561

Amount of Each Receipt this Period
640.19

payroll deduction \$ 49.92
bi-weekly

SUBTOTAL of Receipts This Page (optional) ▶ **2256.29**

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

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

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

FOR LINE NUMBER: PAGE 8 / 17
(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

29030132568

A.

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▼
583.62

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: SA11AI.4554

Amount of Each Receipt this Period
583.62

payroll deduction \$ 45.12
bi-weekly

B.

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:
 Primary General
 Other (specify)▼

Aggregate Year-to-Date▼
265.62

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: SA11AI.4562

Amount of Each Receipt this Period
265.62

payroll deduction \$ 19.97
bi-weekly

C.

Full Name (Last, First, Middle Initial)
Denise Honnoll

Mailing Address 14971 SH 154E

City State Zip Code
Diana TX 75640

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▼
442.91

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: SA11AI.4563

Amount of Each Receipt this Period
442.91

payroll deduction \$ 34 bi-weekly

SUBTOTAL of Receipts This Page (optional) ▶ **1292.15**

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 9 / 17
(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) Tonye Ihua-Maduenyi Mailing Address 2611 Atrium Drive City State Zip Code Grand Prairie TX 75052 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2009 Transaction ID: SA11AI.4571 Amount of Each Receipt this Period 337.15 payroll deduction \$ 35.83 bi-weekly	
	Name of Employer Occupation Nexion Health Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼ Aggregate Year-to-Date ▼ 337.15	
	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	Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2009 Transaction ID: SA11AI.4564 Amount of Each Receipt this Period 366.21 payroll deduction \$ 28.17 bi-weekly
	Name of Employer Occupation Nexion Health Controller Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼ Aggregate Year-to-Date ▼ 366.21	
C. Full Name (Last, First, Middle Initial) KB Hospice of Louisiana, LLC Mailing Address P.O. Box 1191 City State Zip Code Eldersburg MD 21784 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 27 / 2009 Transaction ID: SA11AI.4581 Amount of Each Receipt this Period 4000.00	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼ Aggregate Year-to-Date ▼ 4000.00	
	SUBTOTAL of Receipts This Page (optional) ▶ 4703.36	
	TOTAL This Period (last page this line number only) ▶	

29030132569

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

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

FOR LINE NUMBER: PAGE 10 / 17

(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 Nexion Health Occupation EVP & CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼ Aggregate Year-to-Date▼ 2400.00	Date of Receipt MM / DD / YYYY 02 / 27 / 2009 Transaction ID: SA11AI.4581.0 Amount of Each Receipt this Period 2400.00	
	[MEMO ITEM]	
	B. Full Name (Last, First, Middle Initial) Francis P. Kirley Mailing Address 6937 Warfield Avenue City State Zip Code Sykesville MD 21784 FEC ID number of contributing federal political committee. C Name of Employer Nexion Health Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼ Aggregate Year-to-Date▼ 2400.00	Date of Receipt MM / DD / YYYY 02 / 27 / 2009 Transaction ID: SA11AI.4581.1 Amount of Each Receipt this Period 2400.00
	[MEMO ITEM]	
C. Full Name (Last, First, Middle Initial) Brian P. Lee Mailing Address 517 Overdale Road City State Zip Code Baltimore MD 21229 FEC ID number of contributing federal political committee. C Name of Employer Nexion Health, Inc. Occupation General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼ Aggregate Year-to-Date▼ 250.00	Date of Receipt MM / DD / YYYY 05 / 19 / 2009 Transaction ID: SA11AI.4614 Amount of Each Receipt this Period 250.00	
SUBTOTAL of Receipts This Page (optional) ▶ 250.00		
TOTAL This Period (last page this line number only) ▶		

29030132570

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

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

FOR LINE NUMBER: PAGE 11 / 17

(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) 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 Nexion Health Occupation RFS East Texas Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼ Aggregate Year-to-Date ▼ 263.82	Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2009 Transaction ID: SA11AI.4565 Amount of Each Receipt this Period 263.82 payroll deduction \$ 19.56 bi-weekly	
	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 Nexion Health, Inc. Occupation Director, Purchasing & Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼ Aggregate Year-to-Date ▼ 302.79	Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2009 Transaction ID: SA11AI.4567 Amount of Each Receipt this Period 302.79 payroll deduction \$ 29.69 bi-weekly
	Full Name (Last, First, Middle Initial) Michael A. Newton Mailing Address 6913 Breezewood Terrace City State Zip Code Rockville MD 20852-4323 FEC ID number of contributing federal political committee. C Name of Employer Nexion Health, Inc. Occupation Director-Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼ Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 09 / 2009 Transaction ID: SA11AI.4577 Amount of Each Receipt this Period 1000.00
	SUBTOTAL of Receipts This Page (optional) ▶ TOTAL This Period (last page this line number only) ▶	1566.61

29030132571

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

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

FOR LINE NUMBER: PAGE 12 / 17

(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) 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		Date of Receipt MM / DD / YYYY 06 / 30 / 2009 Transaction ID: SA11AI.4568 Amount of Each Receipt this Period 257.53 payroll deduction \$ 19.81 bi-weekly
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 ▼ 257.53		
B. 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		Date of Receipt MM / DD / YYYY 06 / 30 / 2009 Transaction ID: SA11AI.4569 Amount of Each Receipt this Period 1269.18 payroll deduction \$ 96.15 bi-weekly
Name of Employer Nexion Health Occupation Vice-President for Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼ Aggregate Year-to-Date ▼ 1469.18		
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		Date of Receipt MM / DD / YYYY 06 / 30 / 2009 Transaction ID: SA11AI.4555 Amount of Each Receipt this Period 317.33 payroll deduction \$ 21.54 bi-weekly
Name of Employer Nexion Health Occupation Director of Nurses Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼ Aggregate Year-to-Date ▼ 317.33		
SUBTOTAL of Receipts This Page (optional) ▶		1844.04
TOTAL This Period (last page this line number only) ▶		

29030132572

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

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

FOR LINE NUMBER: PAGE 13 / 17
(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) Penny Walker		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 107 East Ross		Transaction ID: SA11AI.4570		
	City Waxahachie	State TX	Zip Code 75165	Amount of Each Receipt this Period 390.00	
	FEC ID number of contributing federal political committee. C		payroll deduction \$ 30 bi-weekly		
	Name of Employer Nexion Health	Occupation Dietician	Aggregate Year-to-Date ▼ 390.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼					

29030132573

SUBTOTAL of Receipts This Page (optional)	▶	390.00
TOTAL This Period (last page this line number only)	▶	14234.85

**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 14 / 17
	<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

29030132574

A. Full Name (Last, First, Middle Initial) BEN CARDIN FOR SENATE Mailing Address P.O. BOX 21093 City CATONSVILLE State MD Zip Code 21228 Purpose of Disbursement Contribution Candidate Name BENJAMIN L CARDIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 03	Transaction ID: SB23.4657 Date of Disbursement <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 22 / 2009
	Amount of Each Disbursement this Period <input type="text"/> 2500.00
	<input type="text"/> Category/ Type
	<input type="text"/>

B. Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER Mailing Address 236 MASSACHUSETTS AVENUE NE City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name ARLEN SPECTER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 00	Transaction ID: SB23.4636 Date of Disbursement <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 11 / 2009
	Amount of Each Disbursement this Period <input type="text"/> 2000.00
	<input type="text"/> Category/ Type
	<input type="text"/>

C. Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE Mailing Address 6380 Wilshire Blvd. #1612 City Los Angeles State CA Zip Code 90048 Purpose of Disbursement Contribution Candidate Name HENRY A. WAXMAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 30	Transaction ID: SB23.4663 Date of Disbursement <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 22 / 2009
	Amount of Each Disbursement this Period <input type="text"/> 1000.00
	<input type="text"/> Category/ Type
	<input type="text"/>

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text"/> 5500.00
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

**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 15 / 17

<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) FLEMING FOR CONGRESS	Transaction ID: SB23.4648 Date of Disbursement																							
	Mailing Address P.O. Box 1236 BOX 281	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	4	/	0	1	/	2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y														
0	4	/	0	1	/	2	0	0	9																
	City Minden State LA Zip Code 71058	Amount of Each Disbursement this Period																							
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																						
1000.00																									
	Candidate Name JOHN CALVIN JR. FLEMING	Category/ Type																							
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
	State: LA District: 04																								

B.	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS	Transaction ID: SB23.4654 Date of Disbursement																							
	Mailing Address 607 14th Street, NW Suite 800	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	5	/	1	9	/	2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y														
0	5	/	1	9	/	2	0	0	9																
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																							
	Purpose of Disbursement Contribution	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																						
2000.00																									
	Candidate Name STENY HAMILTON HOYER	Category/ Type																							
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
	State: MD District: 05																								

C.	Full Name (Last, First, Middle Initial) LOUIE GOHMERT FOR CONGRESS COMMITTEE	Transaction ID: SB23.4660 Date of Disbursement																							
	Mailing Address PO BOX 8060	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	6	/	2	2	/	2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y														
0	6	/	2	2	/	2	0	0	9																
	City TYLER State TX Zip Code 75711	Amount of Each Disbursement this Period																							
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																						
1000.00																									
	Candidate Name LOUIE GOHMERT	Category/ Type																							
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
	State: TX District: 01																								

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00
4000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

29030132575

**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 16 / 17

<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)
MIKULSKI FOR SENATE COMMITTEE

Transaction ID: SB23.4642
Date of Disbursement

Mailing Address P O B 13147

M M	D D	Y Y Y Y
0 3	1 1	2 0 0 9

City BALTIMORE State MD Zip Code 21203

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

1000.00

Candidate Name
BARBARA MIKULSKI

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MD District: 00

B.

Full Name (Last, First, Middle Initial)
NELSON 2012

Transaction ID: SB23.4645
Date of Disbursement

Mailing Address PO BOX 8666

M M	D D	Y Y Y Y
0 3	2 7	2 0 0 9

City OMAHA State NE Zip Code 68108

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

1000.00

Candidate Name
E BENJAMIN NELSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NE District: 00

C.

Full Name (Last, First, Middle Initial)
WYDEN FOR SENATE

Transaction ID: SB23.4651
Date of Disbursement

Mailing Address 232 NE 9TH AVENUE

M M	D D	Y Y Y Y
0 4	0 2	2 0 0 9

City PORTLAND State OR Zip Code 97232

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

1000.00

Candidate Name
RONALD LEE WYDEN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OR District: 00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

--

29030132576

**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 17 / 17

<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)

YARMUTH FOR CONGRESS

Transaction ID: SB23.4639

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		1	1		2	0	0	9		

Mailing Address 1819 Brownsboro Road
Suite 100

City Louisville State KY Zip Code 40202

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Category/
Type

Candidate Name
JOHN A MR YARMUTH

Office Sought: House
 Senate
 President
State: KY District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

13500.00

29030132577

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

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): *Fed Ex* Shipping Date
7/28/09
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


PREPARER

7/29/09
DATE PREPARED

29030132578