PAGE 1 / 11

Image# 202201279475225695

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Othe	r Than An Au	thorized	Commit	tee		Office Use On	nly
NAME OF COMMITTEE (in full)	TYPE OR	PRINT ▼		mple: If typ	ing, type	12FE4M	5	
NEXION HEALTH F	UND FOR	QUALITY L	ONG T	ERM C	ARE INC			
ADDRESS (number and street)	228 S W	/ASHINGTON STI	REET SUIT	E 115				
Check if different than previously reported. (ACC)	ALEXA	NDRIA				VA	22314	
2. <b>FEC IDENTIFICATION</b>	NUMBER <b>T</b>	, C	ITY 🛦			STATE A	ZIP	CODE ▲
C C00434233			IS THIS REPORT	×	NEW (N) <b>OR</b>	AM (A)	IENDED	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:		port Ma	ar 20 (M3) or 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep	20 (M8) 20 (M9) 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report	(Q2)	12-Day PRE-Election Report for the:		Primary (12		General (	12S)	Runoff (12R)
January 31 Year-End Report	(YE)	Elect	ion on				in t Sta	ite of
July 31 Mid-Year Report (Non-elec Year Only) (MY)		30-Day POST-Election Report for the:		General (30	0G)	Runoff (3	60R)	Special (30S)
Termination Repo	ort	·	ion on	M = M	D D /	Y = Y = Y = Y	in t Sta	the ute of
5. Covering Period	07 O		Y	through	12 <sub>_</sub>	31	2021	Ÿ
I certify that I have examined Type or Print Name of Treasu	Kirley, F	and to the best of Francis P., , ,	of my knov	vledge and	belief it is tru	ue, correct and	complete.	
Signature of Treasurer	rley, Francis P.	,,,		[Electronical	[ly Filed]	Date 01	/ D D D 27	2022
NOTE: Submission of false, err	oneous, or inc	complete informati	on may su	bject the pe	rson signing th	nis Report to th	ne penalties of	f 52 U.S.C. § 30109
Office Use								ORM 3X 05/2016

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

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

		COLUMN A	COLUMN B
		This Period	Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2021		14653.84
	(b) Cash on Hand at Beginning of Reporting Period	29854.20	
	(c) Total Receipts (from Line 19)	14848.92	46349.28
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	44703.12	61003.12
<b>'</b> .	Total Disbursements (from Line 31)	25000.00	41300.00
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19703.12	19703.12
).	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

#### 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

## NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

R	eport Covering the Period: From:		12 31 2021
	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)	7838.44	20043.61
	(ii) Unitemized(iii) TOTAL (add	7010.48	26305.67
	Lines 11(a)(i) and (ii)	14848.92	46349.28
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	14848.92	46349.28
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (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))▶	14848.92	46349.28
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	14848.92	46349.28

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:      (a) Allocated Federal/Non-Federal  Activity (from School Id.)		
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	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))▶  2. Transfers to Affiliated/Other Party	0.00	4 4 4 4
Committees	0.00	0.00
and Other Political Committees	25000.00	41300.00
(use Schedule E)	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
S. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
(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
. Other Disbursements (Including Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20)     (a) Allocated Federal Election Activity     (from Schedule H6)	)	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	25000.00	41300.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	25000.00	41300.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

	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)	14848.92	46349.28
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	14848.92	46349.28
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

					PAGE		6	OF	11		
(check only one)											
	X	11a		11b		11c		12	2		
		13		14		15		16	6	17	

or for commercial purposes, other than using	the name and address of any political committee					
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FO	R QUALITY LONG TERM CARE IN	1C				
Full Name of Individual (Last, First, Middle Burnett, Terri, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 9585 Lights Ranch Road		10 18 2021				
City Pilot Point	State Zip Code TX 76258	Transaction ID : SA11AI.7683				
FEC ID number of contributing	1020	Amount of Each Receipt this Period				
federal political committee.		400.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Nexion Health	Administrator-Cedar Ridge					
Receipt For:  Primary  General	Aggregate Year-to-Date ▼					
Primary General  Other (specify) ▼	900.00					
Full Name of Individual (Last, First, Middle Doerr, Kevin A., , ,	Date of Receipt					
Mailing Address 108 Drew Court		M M / D D / Y T Y T Y				
Apt. A City	State Zip Code	08 18 2021				
Thibodeaux	LA 70301	Transaction ID : SA11AI.7682  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer (for Individual) Nexion Health-Thibodeaux	Occupation (for Individual) Administrator	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00					
Full Name of Individual (Last, First, Middle : Hamrick, Tony, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1430 Old Amy Road		11 01 2021				
City	State Zip Code	Transaction ID : SA11AI.7721				
Laurel	MS 39440	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer (for Individual)  Nexion Health	Occupation (for Individual) Administrator-Columbia	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼	-				
Primary General	Aggregate fear-to-Date V					
Other (specify)	1000.00					
SUBTOTAL of Receipts This Page (optional)	· 	2400.00				
TOTAL This Period (last page this line numb	ner only)					

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

l	FOR LINE NUMBER:					PAGE		7	OF	11	
l	(check only one)										
l		X	11a		11b		11c		12	2	
l			13		14		15		16	6	17

	he name and address of any political committee	
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR	R QUALITY LONG TERM CARE IN	1C
Full Name of Individual (Last, First, Middle I Haws, Dennis, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 4509 Lake View Drive		12 28 2021
City	State Zip Code	Transaction ID : SA11AI.7740
Wichita Falls	TX 76308-3308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	695.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Nexion Health	Administrator	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify) ▼	695.00	
Full Name of Individual (Last, First, Middle I Louviere, Melissa, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2200 Belle Ruelle		08 18 2021
City	State Zip Code	Transaction ID : SA11AI.7703
New Iberia	LA 70583-3075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) New Iberia Manor South	Occupation (for Individual) Health care administrator	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt
Mailing Address 202 South Bolivar Street		11 01 2021
City	State Zip Code	Transaction ID : SA11AI.7723
Cleveland	MS 38732	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Delta	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)		1445.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER:					PAGE		8	OF	11	
(check only one)										
[3	K	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any pers e name and address of any political committee to					
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR	QUALITY LONG TERM CARE IN	С				
Full Name of Individual (Last, First, Middle In McQueary, Jennifer Lynn, , ,	itial) or Full Organization Name	Date of Receipt				
Mailing Address 825 Sky Creek Court		11 29 2021				
City	State Zip Code	Transaction ID : SA11AI.7736				
Saginaw	TX 76179	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Nexion Health	Administrator-Renaissance					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1000.00					
Full Name of Individual (Last, First, Middle In Olden, Jaclyn, , ,	litial) or Full Organization Name	Date of Receipt				
Mailing Address 5843 Michaelson Drive		08 18 2021				
City	State Zip Code	Transaction ID : SA11Al.7697				
Olive Branch	MS 38654	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Great Oaks	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00					
Full Name of Individual (Last, First, Middle In Santana, Mary, , ,	itial) or Full Organization Name	Date of Receipt				
Mailing Address P.O. Box 53		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.7729				
Donna	TX 78537	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Gulf Shores	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	1000.00					
SUBTOTAL of Receipts This Page (optional)		2500.00				
TOTAL This Period (last page this line number	only)					

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

FOR LINE NUMBER:					PAGE		9	OF	11		
(check only one)											
	X	11a		11b		11c		12	2		
		13		14		15		16	6	17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	g the name and address of any political committee			
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FO	OR QUALITY LONG TERM CARE IN	NC		
Full Name of Individual (Last, First, Midd Smith, Sheryl, , ,	le Initial) or Full Organization Name	Date of Receipt		
Mailing Address 9777 FM 226		08 18 2021		
City	State Zip Code	Transaction ID : SA11AI.7684		
Nacogdoches	TX 75961	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	300.00		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Nexion Health	Assistant Administrator	_		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General				
Other (specify) ▼	300.00			
Full Name of Individual (Last, First, Midd Smith, Truman W., , ,	Date of Receipt			
Mailing Address P.O. Box 1468		11 01 2021		
City	State Zip Code	Transaction ID : SA11AI.7727		
Gladewater	TX 75417	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	500.00		
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator	Memo Item		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General  Other (specify) ▼	500.00			
Full Name of Individual (Last, First, Midd	le Initial) or Full Organization Name	Data of Base in		
Smith, Truman W., , ,		Date of Receipt		
Mailing Address P.O. Box 1468	12 28 2021			
City	State Zip Code	Transaction ID : SA11AI.7737		
Gladewater	TX 75417	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Nexion Health Receipt For:	Administrator	_		
Primary General	Aggregate Year-to-Date ▼			
Other (specify)	600.00			
SUBTOTAL of Receipts This Page (optional	al)	900.00		
	<u>`</u>			
TOTAL This Period (last page this line nun	nber only)			

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

FOR LINE NUMBER:				PAGE	 10	OF	11				
(check only one)											
		X	11a		11b		11c	12			
			13		14		15	16		17	

	statements may not be sold or used by any per the name and address of any political committee the name and address of the name address of the name and address of the name address of the name address		
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR	R QUALITY LONG TERM CARE IN	IC .	
Full Name of Individual (Last, First, Middle Walker, Penny, , ,  Mailing Address 107 East Ross	Date of Receipt		
	12 31 2021		
City Waxahachie	State Zip Code TX 75165	Transaction ID : SA11AI.7678	
FEC ID number of contributing federal political committee.	C 75165	Amount of Each Receipt this Period  440.44	
Name of Employer (for Individual)  Nexion Health	Occupation (for Individual) Dietician	Memo Item payroll deduction \$ 31.46 bi-weekly	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  864.61		
Full Name of Individual (Last, First, Middle Williams, Michael A., , ,  Mailing Address P.O. Box 42	Initial) or Full Organization Name	Date of Receipt	
City La Ward  FEC ID number of contributing federal political committee.	State Zip Code TX 77970	Transaction ID : SA11AI.7735  Amount of Each Receipt this Period  153.00	
Name of Employer (for Individual) Nexion Health  Receipt For:  Primary  General	Occupation (for Individual) Administrator-Arbor Hills  Aggregate Year-to-Date ▼	Memo Item	
Other (specify) ▼	1000.00		
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt	
Mailing Address	M = M / D = D / Y = Y = Y		
City	State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼		
SUBTOTAL of Receipts This Page (optional).		593.44	
TOTAL This Period (last page this line number	er only)	7838.44	

# S 17

Use separate schedules   Check only one)   Check one)   Check only one)   Check one)   Check only one)   Check only one)   Check one)   Chec	SCHEDULE B (FEC Form 3X)	Han annual and all late	, FOR LINE	FOR LINE NUMBER: PAGE 11 OF 11				
Detailed Summary Page	ITEMIZED DISBURSEMENTS		, I (CILCON OIII)	· ·				
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 Pital)  NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC  Full Name (Last, First, Middle Initial)  A. MANCHIN FOR WEST VIRGINIA  Mailing Address PO BOX 5202  City  Fundation  City  City  Fundation  City  City  Fundation  City  Fundation  City  City  State  Privisident  State:  W Disfrict  Disfrict  City  State  City  City  State  Pripose of Disbursement  City  Memoritation  Candidate Name  City  State  Disbursement  Disbursement  District  City  State  Disbursement  Disbursement  District  Full Name (Last, First, Middle Initial)  Candidate Name  City  Senate  Pripose of Disbursement  District  Full Name (Last, First, Middle Initial)  Candidate Name  City  Senate  Disbursement  Disbursement  Disbursement  Disbursement  Disbursement  District  Full Name (Last, First, Middle Initial)  Candidate Name  City  Senate  Disbursement  District  Full Name (Last, First, Middle Initial)  Candidate Name  City  Senate  Disbursement  District  Full Name (Last, First, Middle Initial)  Candidate Name  City  Malling Address 317 16TH ST NE  City  Mashing Address 317 16TH		Detailed Summary Page	; <b> </b>					
NAME OF COMMITTEE (in Full)  NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC  Full Name (Last, First, Middle Initial)  A MANCHIN FOR WEST VIRGINIA  Mailing Address PO BOX 5202  City CHARLESTON Purpose of Disbursement contribution Candidate Name MANCHIN, JOE, , III Office Sought: V Senate President State: W District: 00  Full Name (Last, First, Middle Initial)  B MCCARTHY VICTORY FUND  Mailing Address PO BOX 30844  City BETHESDA MD 20824 Purpose of Disbursement contribution Candidate Name Candidate Name District: V District: 00  Full Name (Last, First, Middle Initial)  B MCCARTHY VICTORY FUND  Date of Disbursement contribution Candidate Name Disbursement Contribution Candidate Name District: V Date of Disbursement berric V District: V District: V District: V District: V District: V District: V Date of Disbursement berric V District: V District: V District: V District: V District: V District: V Date of Disbursement berric V District: V Dist								
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC  Full Name (Last, First, Middle Initial)  A. MANCHIN FOR WEST VIRGINIA  Meiling Address PO BOX 5202  City State Zip Code CHARLESTON WY 23361  Purpose of Disbursement controlution  Candidate Name Manchin, JOE III  Office Sought: House Disbursement For: 2024  X Senate President State: WV District: 00  Full Name (Last, First, Middle Initial)  B. MCCARTHY VICTORY FUND  Mailing Address PO BOX 30844  City Senate President Controlution  Candidate Name Candidate Name Category/ Type  Office Sought: House Disbursement For: 2024  City Senate President State: Disbursement Terms President State: Disbursement Terms President State: Disbursement Terms President State: District: 00  Memo Item  Date of Disbursement  Category/ Type  Transaction ID: \$823,7690  Amount of Each Disbursement this Period  Memo Item  Date of Disbursement  Category/ Type  Transaction ID: \$823,7690  Amount of Each Disbursement Terms President State: District:		ne and address of any pol	itical committee to	o solicit contributions from such committee.				
A. MANCHIN FOR WEST VIRGINIA  Mailing Address PO BOX 5202  City CHARLESTON Purpose of Disbursement Contribution Candidate Name MANCHIN, JOE, , , III Office Sought:  Full Name (Last, First, Middle Initial) Candidate Name Office Sought:  House Disbursement For: 2024    Primary   General	1 \	ALITY LONG TER	M CARE IN	С				
Mailing Address PO BOX 5202   2021								
Mailing Address PO BOX 5202  City  City  BETHESDA  Purpose of Disbursement  Contribution  Candidate Name  MANCHIN, JOE, , III  Office Sought:   House   Disbursement For: 2024    City   State   President   Contribution  Candidate Name  Office Sought:   House   Disbursement For: 2024    City   State   President   Contribution  Candidate Name  Office Sought:   House   Disbursement For: 2024    City   State   Disbursement   Contribution  Candidate Name  Office Sought:   House   Disbursement For: 2024    City   State   Disbursement   Contribution  Candidate Name  Office Sought:   House   Disbursement For: 2024    Category:   Transaction ID: \$B23,769  Amount of Each Disbursement  Office Sought:   State   Disbursement    Category:   Transaction ID: \$B23,769  Amount of Each Disbursement  Office Sought:   State   Disbursement    Category:   Transaction ID: \$B23,769  Amount of Each Disbursement  Office Sought:   House   Disbursement For: 2024    Category:   Transaction ID: \$B23,769  Amount of Each Disbursement  Office Sought:   House   Disbursement For: 2024    Category:   Transaction ID: \$B23,769  Amount of Each Disbursement  Category:   Date of Disbursement    Category:   Transaction ID: \$B23,769  Amount of Each Disbursement    Category:   Date of Disbursement    Category:   D	A. MANCHIN FOR WEST VIRGINIA							
CHARLESTON Purpose of Disbursement contribution Candidate Name MANCHIN, JOE, , , III Office Sought: House President State: Disbursement For: 2024 X Primary Office Sought: House President State: Disbursement For: 2024 X Primary Office Sought: A Senate President State: Disbursement For: 2024 X Primary Office Sought: House President State: Disbursement For: 2024 X Primary Office Sought: A Senate President State: Disbursement For: 2024  Category Type  Date of Disbursement  Category Type  Date of Disbursement  Category Type  FEC Identification Number  Category Type  Transaction ID: SB23.7680  Amount of Each Disbursement this Period  FEC Identification Number  Category Type	Mailing Address PO BOX 5202			1 1 1 1 1 1 1				
Purpose of Disbursement contribution  Candidate Name  MANCHIN, JOE, , , III  Office Sought: House	•	_ ·		FEC Identification Number				
Contribution Candidate Name MANCHIN, JOE, , , III Office Sought: House   President   Pres		WV 25361		0.00400500				
Cardidate Name  MANCHIN, JOE, , III  Office Sought: House   President   State: WV District: 00  Full Name (Last, First, Middle Initial)  B. MCCARTHY VICTORY FUND  Mailing Address PO BOX 30844  City   State: District:								
Office Sought:			Category/					
State   WV   District   Ook   President   President   Other (specify)   ■   Memo Item		and Fam. 2001	Туре	5000 00				
State: WV District: 00  Full Name (Last, First, Middle Initial)  B. MCCARTHY VICTORY FUND  Mailing Address PO BOX 30844  City BETHESDA Purpose of Disbursement contribution  Candidate Name  Office Sought: House President State: District: District: District  Full Name (Last, First, Middle Initial)  C. SCALISE LEADERSHIP FUND  Mailing Address 317 15TH ST NE  City WASHINGTON Category/ Type  Date of Disbursement Category/ Type  Date of Disbursement this Period  Memo Item  FEC Identification Number  Category/ Type  Date of Disbursement  Other (specify)  Memo Item  FEC Identification Number  C C00541011  Transaction ID : SB23.7680  Amount of Each Disbursement this Period  Memo Item  FEC Identification Number  C C00568162  Transaction ID : SB23.7681  Amount of Each Disbursement C C00568162  Transaction ID : SB23.7681  Amount of Each Disbursement this Period  Office Sought: House Primary General President State: District:  SUBTOTAL of Disbursements This Page (optional)  Memo Item  Substitution  Amount of Each Disbursement this Period  Memo Item  Substitution  Memo Item  Amount of Each Disbursement this Period  Memo Item  Substitution  Amount of Each Disbursement this Period  Transaction ID : SB23.7681  Amount of Each Disbursement this Period  Memo Item  Substitution  Memo Item  Substitution  Substitution  Amount of Each Disbursement this Period  Transaction ID : SB23.7681  Amount of Each Disbursement this Period  Memo Item  Substitution  Substitution  Substitution  Memo Item  Substitution  Substitution  Memo Item  Substitution  Memo Item  Substitution  Amount of Each Disbursement this Period  Transaction ID : SB23.7681  Amount of Each Disbursement this Period  Transaction ID : SB23.7681  Amount of Each Disbursement this Period  Transaction ID : SB23.7681  Transaction ID :				3000.00				
State: WV District: 00 Full Name (Last, First, Middle Initial) B. MCCARTHY VICTORY FUND  Mailing Address PO BOX 30844  City BETHESDA Purpose of Disbursement contribution Candidate Name  Office Sought: House President Primary General Purpose of Disbursement this Period  Full Name (Last, First, Middle Initial)  C. SCALISE LEADERSHIP FUND  Mailing Address 317 15TH ST NE  City WASHINGTON Purpose of Disbursement contribution  Candidate Name  Office Sought: House Primary General Purpose of Disbursement for:  City WASHINGTON Purpose of Disbursement contribution  Candidate Name  Office Sought: House Primary General Purpose of Disbursement this Period  Date of Disbursement  Memo Item  FEC Identification Number  Category/ Type  Date of Disbursement  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Transaction ID: SB23.7681  Amount of Each Disbursement this Period  FEC Identification Number  C C C00568162  Transaction ID: SB23.7681  Amount of Each Disbursement this Period  Memo Item  State: District:  Subtotal of Disbursements This Page (optional)		,		Memo Item				
B. MCCARTHY VICTORY FUND  Mailing Address PO BOX 30844  City BETHESDA   State   Zip Code   MD   20824  Purpose of Disbursement contribution  Candidate Name   Category/ Type   Disbursement For:   Memo Item   Disbursement   District:   Transaction ID : SB23.7680   Amount of Each Disbursement this Period   Memo Item   Disbursement   District:   Transaction ID : SD23.7680   Amount of Each Disbursement In Primary   General   Ge				L mone non				
City WASHINGTON Mailing Address PO BOX 30844  City WASHINGTON Candidate Name  City WASHINGTON Candidate Name  City WASHINGTON Candidate Name  City City City City City City City Cit				Date of Dishursement				
City BETHESDA BETHESDA Purpose of Disbursement contribution  Candidate Name  Category/ Type  Disbursement For:  Senate Primary General Other (specify)  Mailing Address 317 15TH ST NE  City WASHINGTON Purpose of Disbursement contribution  Candidate Name  City Co0541011  Transaction ID : SB23.7680 Amount of Each Disbursement this Period  Memo Item  Date of Disbursement  Contribution  Candidate Name  Category/ Type  Date of Disbursement Contribution  Candidate Name  Category/ Type  Disbursement Contribution  Candidate Name  Disbursement Contribution  Candidate Name  Disbursement Contribution  Category/ Type  Disbursement For: Senate Primary General Other (specify) ▼  Memo Item  Subtrotal of Disbursement this Period  Memo Item  Subtrotal of Disbursements This Page (optional)	5. WICCARTHY VICTORY FUND							
BETHESDA MD 20824 Purpose of Disbursement contribution Candidate Name  Category/ Type  Office Sought: House Disbursement For:  Full Name (Last, First, Middle Initial)  C. SCALISE LEADERSHIP FUND  Mailing Address 317 15TH ST NE  City WASHINGTON DC 20002  Purpose of Disbursement contribution  Candidate Name  Office Sought: House Disbursement For:  City WASHINGTON DC 20002  Purpose of Disbursement contribution  Candidate Name  Office Sought: House Disbursement For:  Senate Primary General Disbursement this Period  Office Sought: House Disbursement For:  Senate Primary General Disbursement this Period  Memo Item  FEC Identification Number  C C00541011  Transaction ID: SB23.7680  Amount of Each Disbursement  The Mouse Disbursement  The Mouse Disbursement  Transaction ID: SB23.7680  Amount of Each Disbursement  C C00568162  Transaction ID: SB23.7681  Amount of Each Disbursement this Period  Memo Item  SUBTOTAL of Disbursements This Page (optional) Memo Item	Mailing Address PO BOX 30844							
Purpose of Disbursement contribution  Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. SCALISE LEADERSHIP FUND  Mailing Address 317 15TH ST NE  City WASHINGTON DC 20002  Purpose of Disbursement For: Senate Disbursement For: Amount of Each Disbursement To Date of Date				FEC Identification Number				
Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Prisadent Other (specify)  Memo Item  Category/ Type  Office Sought: House Disbursement For: Senate Prisadent Other (specify)  Memo Item  Date of Disbursement  City WASHINGTON DC 20002  Purpose of Disbursement contribution  Candidate Name  Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary	Purpose of Disbursement	20024		C C00541011				
Office Sought: House Disbursement For: 10000.00  State: District: Primary General President Other (specify)  Mailing Address 317 15TH ST NE  City WASHINGTON DC 20002  Purpose of Disbursement Contribution  Candidate Name  Office Sought: House Disbursement For: 10000.00  Transaction ID: SB23.7681  Amount of Each Disbursement inis Period  FEC Identification Number  C C00568162  Transaction ID: SB23.7681  Amount of Each Disbursement this Period  State: District: Memo Item  Memo Item  FEC Identification Number  C C00568162  Transaction ID: SB23.7681  Amount of Each Disbursement this Period  Memo Item  State: District: Memo Item								
Office Sought:	Candidate Name	Category/						
State: District:  Full Name (Last, First, Middle Initial)  C. SCALISE LEADERSHIP FUND  Mailing Address 317 15TH ST NE  City WASHINGTON Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate Primary General President State: District:  Substortal of Disbursements This Page (optional)	Office Sought: House Disburser							
State: District:  Full Name (Last, First, Middle Initial)  C. SCALISE LEADERSHIP FUND  Mailing Address 317 15TH ST NE  City WASHINGTON Purpose of Disbursement Candidate Name  Candidate Name  Office Sought: House President State: District:  Memo Item  Date of Disbursement  Date of Disbursement  Total 10		Senate Primary General						
Full Name (Last, First, Middle Initial)  C. SCALISE LEADERSHIP FUND  Mailing Address 317 15TH ST NE  City WASHINGTON Purpose of Disbursement contribution Candidate Name  Office Sought: House Senate President State: District:  District:  Date of Disbursement  10 18 2021  FEC Identification Number Category/ Type  Category/ Type  Memo Item  Subtrotal of Disbursements This Page (optional)  M M M 1 18 2021  FEC Identification Number C C00568162  Transaction ID: SB23.7681  Amount of Each Disbursement this Period  Memo Item  Subtrotal of Disbursements This Page (optional)		Other (specify)		Memo Item				
C. SCALISE LEADERSHIP FUND  Mailing Address 317 15TH ST NE  City  WASHINGTON  Purpose of Disbursement  contribution  Candidate Name  Category/ Type  Office Sought:  House  President  State:  District:  District:  Date of Disbursement  Date o								
City WASHINGTON Purpose of Disbursement contribution Candidate Name  Office Sought: House President President State: District:  Substate Disbursement For: Senate Primary Other (specify)  Substate:  Substate:  Substate:  Disbursements This Page (optional)	C. SCALISE LEADERSHIP FUND			Date of Disbursement				
City WASHINGTON Purpose of Disbursement contribution Candidate Name  Category/ Type  Office Sought: House Senate President President State: District:  State Zip Code 20002  C C00568162  Transaction ID : SB23.7681  Amount of Each Disbursement this Period  Memo Item  State: Subtrotal of Disbursements This Page (optional)	Mailing Address 217 15TH ST NE			1				
WASHINGTON Purpose of Disbursement contribution  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  State: District: Memo Item  SUBTOTAL of Disbursements This Page (optional)	Mailing Address 517 15111 51 NE			10 10 2021				
Purpose of Disbursement contribution  Candidate Name  Category/ Type  Office Sought: House Disbursement For: 10000.00  Senate President Primary General President Other (specify) ▼  Substrict: Memo Item  25000.00		·		FEC Identification Number				
Candidate Name  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)		C C00568162						
Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Substruct: Memo Item  25000.00								
Office Sought: House Disbursement For:  Senate Primary General Other (specify)   State: District:  SUBTOTAL of Disbursements This Page (optional)	Candidate Name	Amount of Each Disbursement this Period						
State: District: Other (specify)   SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Disburser	10000.00						
State: District: Memo Item  SUBTOTAL of Disbursements This Page (optional)	Senate	Primary General		7 7 7				
SUBTOTAL of Disbursements This Page (optional)		Other (specify) ▼		Memo Item				
25000 00	State: DISTRICT:							
25000.00	SUBTOTAL of Disbursements This Page (optional)			25000.00				
				25000.00				