Image# 201507149000114719					PAGE 1 / 14
	EPORT OF R ND DISBURS Other Than An Author	EMENTS	S	Office Us	se Only
1. NAME OF TYF COMMITTEE (in full)	PE OR PRINT V	Example: If typin over the lines.	g, type 12F	E4M5	
, NEXION HEALTH FUND	FOR QUALITY LON				
	228 S WASHINGTON STREET				
ADDRESS (number and street)					
Check if different than previously reported. (ACC)			VA	22314	
2. FEC IDENTIFICATION NUME			STATE		ZIP CODE
C C00434233	3. IS T REP		ew N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 	(b) Monthly Report Due On: Apr 20 (c) 12-Day	(M3) J	May 20 (M5) un 20 (M6) ul 20 (M7)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)	PRE-Election Report for the:	Convention (1	D D / Y Y	Special (12S)	in the State of
X July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G	i) F	Runoff (30R)	Special (30S)
Termination Report (TER)	Election o	n /		Y Y	in the State of
5. Covering Period	/ D D / Y Y Y Y 01 2015	through	06 / D		5
I certify that I have examined this R Type or Print Name of Treasurer	Report and to the best of my Francis P. Kirley	knowledge and b	elief it is true, cor	rect and complet	ie.
Signature of Treasurer	. Kirley	[Electronically	Filed] Date	07 / D	D / Y Y Y Y 2015
NOTE: Submission of false, erroneous	, or incomplete information m	ay subject the pers	on signing this Rep	oort to the penaltie	es of 2 U.S.C. §437g.
Office Use Only					FORM 3X

07/14/2015 16 : 33

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page **2**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

R	eport Covering the Period: From:	M / D D / Y Y Y Y 1 01 2015 T	o: 06 / 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		29398.13
	(b) Cash on Hand at Beginning of Reporting Period	29398.13	
	(c) Total Receipts (from Line 19)	26358.47	26358.47
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	55756.60	55756.60
7.	Total Disbursements (from Line 31)	10000.00	10000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45756.60	45756.60
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

Image#	201507	149000 1	114721
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DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Report Covering the Period: From: 01		
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	6000 77	6822.77
(i) Itemized (use Schedule A)	6822.77	0022.11
(ii) Unitemized	17035.70	17035.70
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	23858.47	23858.47
	0.00	0.00
(b) Political Party Committees(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)	23858.47	23858.47
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		,
to Federal Candidates and Other		
Political Committees	2500.00	2500.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	
(from Schedule H3)	0.00	0.00
(h) Lauia Franka (franc Oshadula 115)	0.00	0.00
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	26250 47	26358.47
12, 13, 14, 13, 10, 17, anu 10(0))▶	26358.47	2030.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)►	26358.47	26358.47

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A	COLUMN B
Operating Expenditures:	Total This Period	Calendar Year-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.0
(b) Other Federal Operating	0.00	0.0
(c) Total Operating Expenditures	0.00	0.0
(add 21(a)(i), (a)(ii), and (b))	0.00	0.0
Transfers to Affiliated/Other Party		
Committees Contributions to		0.0
Federal Candidates/Committees and Other Political Committees	10000.00	10000.00
Independent Expenditures	0.00	0.0
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. 8441a(d))		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.00
	0.00	0.00
Loans Made Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.0
(b) Political Party Committees	0.00	0.0
(c) Other Political Committees	0.00	0.0
(such as PACs)		
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	► 0.00	0.0
Other Disbursements	0.00	0.0
Federal Election Activity (2 U.S.C. §431 (a) Allocated Federal Election Activity	(20))	
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.0
	0.00	0.0
(ii) "Levin" Share(b) Federal Election Activity Paid Entire		
With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add		0.00
Lines 30(a)(i), 30(a)(ii) and 30(b)).		7 7 7
Total Disbursements (add Lines 21(c), 2	22,	
23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 10000.00	10000.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	
from Line 31)		10000.00

L

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
8. Total Contributions (other than loans) (from Line 11(d), page 3)	23858.47	23858.47
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	23858.47	23858.47
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR (QUALITY	LONG TERM CARE	NC
Α.	Full Name (Last, First, Middle Initial) Michelle L. Beall Mailing Address 1194 Jo Apter Place			Date of Receipt
	City	State MD	Zip Code 21776	06 09 2015 Transaction ID : SA11AI.6486
	New Windsor FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Nexion Health Receipt For: Primary General Other (specify) ▼	-	a Corporate Operations Mgr. Year-to-Date ▼ 300.00	
в.	Full Name (Last, First, Middle Initial) Kimberly A. Bridges Mailing Address 1966 Bridges Road			Date of Receipt
	City Florien FEC ID number of contributing	State LA	Zip Code 71429	02 19 2015 Transaction ID : SA11AI.6424 Amount of Each Receipt this Period
	federal political committee. Name of Employer Nexion Health	Occupation	n or-Many (LA)	500.00
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
C.	Full Name (Last, First, Middle Initial) Kimberly A. Bridges Mailing Address 1966 Bridges Road			Date of Receipt
	City Florien	State LA	Zip Code 71429	05 28 2015 Transaction ID : SA11AI.6481 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Nexion Health	Occupation Administrat	tor-Many (LA)	
	Receipt For: Primary General Other (specify) ▼	1	Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			1300.00
т	OTAL This Period (last page this line number of	only)		

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

ITEMIZED RECEIPTS		each category of the tailed Summary Page		-		11b	11c	12		
Any information copied from such Reports and Sta or for commercial purposes, other than using the										-
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR C	QUALITY LO	NG TERM CAR	E INC							
Full Name (Last, First, Middle Initial) A. Ruth Brown			1	Date of	Re	ceipt				
Mailing Address P.O. Box 16	Ctoto 7	lin Code		02	/	19		уу 2015	Y	
City Bogata		/ip Code 75417				-	SA11AI.			_
FEC ID number of contributing federal political committee.	С			Amount	OT	Each H	Receipt th	500 s	.00	
Name of Employer Nexion Health	Occupation Health care admir	nistrator								
Receipt For:	Aggregate Year-									
Primary General Other (specify) ▼		500.00								
Full Name (Last, First, Middle Initial) B. Lisa M. Farrell				Date of	Re	ceipt				
Mailing Address 2711 Turner Drive				м м 06	/	10		ү ү 2015	Y	
City Manchester		íip Code 21102	/				SA11AI.			
FEC ID number of contributing federal political committee.	С					7		267	.00	
Name of Employer Nexion Health	Occupation Administrator									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 267.00								
Full Name (Last, First, Middle Initial) C. Alan L. Graham				Date of	Re	ceipt				
Mailing Address 182 Westridge Drive				м м 03	/	27) / Y	ү 2015	Y	
City Huntsville		/ip Code 77340	/				SA11AI. Receipt th			
FEC ID number of contributing federal political committee.	С					7		500	0.00	
Name of Employer	Occupation									
Nexion Health	Administrator									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 500.00								
SUBTOTAL of Receipts This Page (optional)			<u> </u>			7	5	1267	.00	

FOR LINE NUMBER:

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PAGE 8 OF

		Detailed Summary Page		11a 13	╞	11b 14	11c	12 16	17				
Any information copied from such Reports a or for commercial purposes, other than using				or the		pose of	soliciting	contribu	tions				
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FC	R QUALITY	LONG TERM CARE	INC										
Full Name (Last, First, Middle Initial) A. Cindy Hamm													
Mailing Address 596 Lavon View Drive			Date of Receipt										
City Rouge City	State TX	Zip Code 75189				ion ID : \$							
Royse City	IA	10109	_ /	Amount	t of	Each Re	eceipt th	is Period					
FEC ID number of contributing federal political committee.	C							208					
Name of Employer	Occupation												
Nexion Health Receipt For:	Administrat												
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		208.00											
Full Name (Last, First, Middle Initial) B. Janice R. Hill													
Mailing Address 205 Rocky Mound Drive				м м 06	/	30	/ Y	y y 2015	Y				
City	State	Zip Code				on ID : S							
Lafayette	LA	70506	/	Amount	t of	Each Re	eceipt th	is Period					
FEC ID number of contributing federal political committee.	С					,	,	362	.01				
Name of Employer	Occupation		pa	ayroll de	edu	ction \$ 2	7.33 bi-v	/eekly					
Nexion Health	RFS South	Louisiana											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		, 541.01											
Full Name (Last, First, Middle Initial) C. Marguerite P. Jenkins	I			Date of	Re	ceipt							
Mailing Address 118 2nd Avenue				м м 06	/	30	L	ү ү 2015	Y				
City Reistertown	State MD	Zip Code 21136				ion ID : S							
	_	21100	-	4mount	t of	⊨ach Re	eceipt th	is Period					
FEC ID number of contributing federal political committee.	C			avroll d	ladu	iction \$ 6	0 32 hi-v		1.06				
Name of Employer	Occupation	l		ayron u			0.02 DF	accivity .					
Nexion Health	Controller												
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		1006.06											
SUBTOTAL of Receipts This Page (optiona	l)							1424	.07				
TOTAL This Period (last page this line num			- i			7							

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PAGE 9 OF

		Detailed Summary Page		11a		11b	11c	12				
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements m he name and a	ay not be sold or used by any p address of any political committee	erson f e to so	or the licit coi	purp ntrib	pose of a outions fr	soliciting om such	contribu commit	tions tee.			
NAME OF COMMITTEE (In Full)												
> NEXION HEALTH FUND FOR	QUALITY	LONG TERM CARE I	NC									
Full Name (Last, First, Middle Initial) A. Tina M. Nelson				Date of Receipt								
Mailing Address 414 Grove Lane				м м 06	/	D D D 10	/ Y	2015	Y			
City	State	Zip Code		Trans	acti	ion ID : S	SA11AI.	6491				
Westminster	MD	21157	/	Amount	t of	Each Re	eceipt th	is Period				
FEC ID number of contributing federal political committee.	С					,	- 7	222	2.00			
Name of Employer	Occupation	1										
Nexion Health	Administrat	tor										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		222.00										
Full Name (Last, First, Middle Initial) B. Sherri J. Phillips				Date of	f Re	ceipt						
Mailing Address P.O. Box 933				м м 06	/	30	/ Y	y y 2015	Y			
City	State	Zip Code		Trans	acti	on ID : S	SA11AI.e	6524				
Quitman	ТХ	75783	/	Amount	t of	Each Re	eceipt th	is Period				
FEC ID number of contributing federal political committee.	С			690.20								
Name of Employer Nexion Health	Occupation RDO	1	— pa	ayroll d	edu	ction \$ 5	2.97 bi-w	veekly				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.20										
Full Name (Last, First, Middle Initial) C. Truman W. Smith				Date of	f Re	ceipt						
Mailing Address P.O. Box 1468				м м 02	/	27	/ Y	ү ү 2015	Y			
City	State TX	Zip Code		Trans	acti	ion ID : S	SA11AI.	6435				
Gladewater	1	75417		Amount	t of	Each Re	eceipt th	is Period				
FEC ID number of contributing federal political committee.	С					7	,	500).00			
Name of Employer	Occupation	1										
Nexion Health	Administra	tor										
Receipt For:	Aggregate	Year-to-Date V										
Primary General Other (specify) ▼		500.00										
SUBTOTAL of Receipts This Page (optional)								1412	.20			
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PAGE 10 OF

			Detailed Summary Page		11a 13	-	11b 14	11c	12	17						
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	soliciting	contribu	tions						
\rangle	NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR (QUALITY	LONG TERM CARE	INC												
A.	Full Name (Last, First, Middle Initial) Philip Sweeney															
	Mailing Address 20 Davis Boulevard	-			м м 03	/	13	/ Y	у у 2015	Y						
	City Jefferson	State LA	Zip Code 70121	A				SA11AI. eceipt th	6439 is Period							
	FEC ID number of contributing federal political committee.	С					y	7	500).00						
	Name of Employer Nexion Health, Inc.	Occupation Administrat														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]												
В.	Full Name (Last, First, Middle Initial) Philip Sweeney															
	Mailing Address 20 Davis Boulevard				м м 06	1	25	/ Y	ү ү 2015	Y						
	City Jefferson	ů – L						Transaction ID : SA11AI.6520 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.							- 7	500	.00						
	Name of Employer Nexion Health, Inc.	Occupation Administrate														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]												
с.	Full Name (Last, First, Middle Initial) Penny Walker				Date of	Re	ceipt									
	Mailing Address 107 East Ross				м м 06	/	D D 30	/ Y	2015	Y						
	City Waxahachie	State TX	Zip Code 75165					SA11AI. eceipt th	6525 is Period							
	FEC ID number of contributing federal political committee.	С					7	7		9.50						
	Name of Employer	Occupation					iction \$ 3	31.84 bi-	weekly							
	Nexion Health	Dietician														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 469.50]												
s	UBTOTAL of Receipts This Page (optional)						7		1419	.50						
т	OTAL This Period (last page this line number	only)					,		6822	.77						

FOR LINE NUMBER:

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PAGE 11 OF

			Detailed Summary Page		11a		11	1b	11c	1	2								
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	nformation copied from such Reports and Star commercial purposes, other than using the																		
	AME OF COMMITTEE (In Full) IEXION HEALTH FUND FOR G	UALITY	LONG TERM CARE	NC															
	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID						Date of Receipt												
	ailing Address P.O. BOX 19163		06 / 18 / 2015 Transaction ID : SA16.6519																
Ci	ty AS VEGAS	State NV	Zip Code 89132				-												
FE	EC ID number of contributing deral political committee.		0204370		Amount	OT	Ea	ach Re	eceipt	this Per 2	2500.0	0							
	ame of Employer	Occupation		re	eturn of	gen	ner	al ele	ction o	donation	3/26/	14							
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00]															
Fւ B.	Ill Name (Last, First, Middle Initial)		Date of Receipt																
	ailing Address		Amount of Each Receipt this Period																
Ci	ty																		
fe	EC ID number of contributing deral political committee.																		
Na	ame of Employer	Occupation																	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 🔻																
Γι C.	Ill Name (Last, First, Middle Initial)				Date of	Re	ece	ipt											
M	Mailing Address							M = M / D = D / Y = Y = Y = Y											
Ci	ty		Amount of Each Receipt this Period																
	EC ID number of contributing deral political committee.																		
Na	ame of Employer	Occupation																	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼]															
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S	CHEDULE B (FEC Form 3X)		F	OR I	LINE N	IUMBEF	२ :		PA	AGE	12 (OF -	14			
ITEMIZED DISBURSEMENTS		Use separate schedule(s for each category of the	\ 	-	c only o	one)							26			
		Detailed Summary Page		$\left - \right $	21b 27	22 28a	X	23 28b	24 28c		25 29		26 30b			
	y information copied from such Reports and Stater for commercial purposes, other than using the nam				persor	n for the	e pur	pose (of soliciti	ng co	ontribu					
$\left \right\rangle$	NAME OF COMMITTEE (In Full)															
	NEXION HEALTH FUND FOR QU	ALITY LONG TERI	м са	RE	: INC	;										
_	Full Name (Last, First, Middle Initial)		Data	of Dia	aburaa	mont										
А.	BECERRA FOR CONGRESS		Date of Disbursement													
	Mailing Address P.O. BOX 71584					02 24 2015										
	,	State Zip Code CA 90071				Trar	sacti	ion ID	: SB23.6	6375						
	LOS ANGELES Purpose of Disbursement	CA 90071			_											
	contribution					Amou	nt of	Each	Disburse	emen	t this	Period	b			
				egor	y/						1000	00				
	XAVIER BECERRA Office Sought: X House Disburser	nent For: 2016	T	ype				7	- 7		1000					
		Primary General														
	President	Other (specify)														
	State: CA District: 34															
в	Full Name (Last, First, Middle Initial) BLUEGRASS COMMITTEE							Date of Disbursement								
υ.	BLOEGRASS COMMITTEE															
	Mailing Address 220 1/2 E ST., NE		03 02 2015													
	City S WASHINGTON	State Zip Code DC 20002				Trar	nsact	ion ID	: SB23.	6372						
	Purpose of Disbursement		-													
	Candidate Name					Amount of Each Disbursement this Period										
				egor ype	y/	L.					100	0.00				
	Office Sought: House Disburser	ment For:														
	Senate President	Primary General														
	State: District:	Other (specify)														
_	Full Name (Last, First, Middle Initial)															
C.	BRADY FOR CONGRESS		Date of Disbursement													
	Mailing Address P.O. BOX 8277			01 / Y Y Y Y 2015												
	City	State Zip Code				Tree	1000 ⁴		· 6822	267						
	THE WOODLANDS				Transaction ID : SB23.6367											
	Purpose of Disbursement contribution				Amou	nt of	Fach	Disburse	emen	t this	Period	ł				
	Candidate Name	Cat	egor	y/	Amount of Each Disbursement this Period 1000.00											
	KEVIN BRADY	went Form and a		ype		<u> </u>		7			1000).00	_			
	Office Sought: House Disburser Senate	nent For: 2016 Primary General														
	President	Other (specify)														
_	State: TX District: 08															
s	UBTOTAL of Disbursements This Page (optional)										3000	0.00	٦.			
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т	OTAL This Period (last page this line number only)					1										

S	CHEDULE B (FEC Form 3X)		F	OR	LIN	E NI	NUMBER: PAGE 13 OF 14											
IT	ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the				nly one)] <u>0</u> =					
			Summary Page		-	21k 27	, -	22 	×	23 28b	$\left \right $	24 28c		25 29	26 30b			
	y information copied from such Reports and States for commercial purposes, other than using the nar																	
\square	NAME OF COMMITTEE (In Full)																	
$ \rangle$	NEXION HEALTH FUND FOR QU	ALITY L	ONG TERM	1 CA	R	EIN	٩C											
Α.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONA	L CAMF	PAIGN COM	MIT	ΓE	E		Date o					v	V	V			
	Mailing Address 430 South Capitol Street, SE 2nd Floor							06 08 2015										
	City Washington	State DC	Zip Code 20003					Transaction ID : SB23.6376										
	Purpose of Disbursement contribution		20000															
	Candidate Name							Amount of Each Disbursement this Period										
				Cat T	ego ype			L.,		,	4			100	0.00			
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General cify) ▼															
	State: District:																	
В.	Full Name (Last, First, Middle Initial)							Date o		sburse			V	Y	Y			
	Mailing Address 38 IVY ST., SE					03 02 2015						T						
	City WASHINGTON	State DC	Zip Code 20003					Trans	sact	ion IE	D :	SB23.0	6370					
	Purpose of Disbursement Contribution							Amoun	t of	Each		Disburse	ment	t this	Period			
	Candidate Name			Cat T	ego ype						2			100	0.00			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General ccify) ▼															
— C.	Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS, INC.							Date o	f Dis	sburse	en	nent						
	Mailing Address PO BOX 1488					-	02 / 23 / Y Y Y Y 02 23											
	City JANESVILLE	State WI	Zip Code 53547					Trans	sact	ion IC) :	SB23.	6369					
	Purpose of Disbursement contribution							Amount of Each Disbursement this Perio						Doriod				
	Candidate Name PAUL D. RYAN	Cat T	ego ype			2500.00												
	Office Sought: House Disburse Senate President State: WI District: 01	ment For: Primary Other (spe	General															
s	UBTOTAL of Disbursements This Page (optional)					. 🕨	_			1				4500	0.00			
T	OTAL This Period (last page this line number only)				. 🕨				,								

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER PAGE 14 OF 14								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	rone)								
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b								
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may not be sold or use time and address of any politica	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.								
NEXION HEALTH FUND FOR QU	JALITY LONG TERM	CARE IN									
Full Name (Last, First, Middle Initial)	Date of Disbursement										
Mailing Address 700 13TH STREET NW			06 / D D / Y Y Y Y 2015								
SUITE 600 City	State Zip Code		Transaction ID - 6802 6277								
WASHINGTON	DC 20005		Transaction ID : SB23.6377								
Purpose of Disbursement contribution			Amount of Each Disbursement this Period								
Candidate Name		Category/ Type	2500.00								
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)										
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City	State Zip Code										
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Candidate Name		Category/ Type									
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial)			Date of Disbursement								
Mailing Address											
City											
Purpose of Disbursement											
Candidate Name	Category/ Type	Amount of Each Disbursement this Period									
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) v										
SUBTOTAL of Disbursements This Page (optional)		····· •	2500.00								
TOTAL This Period (last page this line number only	y)	••••••	10000.00								