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Image# 14961548732

# **FEC**

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

FURIVI 3A	For Other Than An Aut	horized Committe	ee		Office Use Only	
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typir over the lines.	ng, type	12FE4M5	230 0	
NEXION HEALTH FU	ND FOR QUALITY LO	ONG TERM CA	RE INC			
ADDRESS (number and street)	228 S WASHINGTON STRI	EET SUITE 115				
Check if different than previously reported. (ACC)	ALEXANDRIA			VA L	22314	
2. FEC IDENTIFICATION N	UMBER ▼ CIT	ΓY▲	S	STATE 🛦	ZIP CO	DE 🛦
C C00434233		$\sim$	IEW N) <b>OR</b>	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)	-	20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:  April 15	Apr	20 (M4)	lul 20 (M7)	Oct 2	20 (M10)	Year Only) Jan 31 (YE)
Quarterly Report (0	(c) 12-Day  PRE-Election	Primary (12P	)	General (	(12G)	Runoff (12R)
Quarterly Report (0	Report for the:	Convention (	12C)	Special (	12S)	
Quarterly Report (0  January 31  Year-End Report ()		on on	D D /	Y   Y   Y   Y	in the State o	f -
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	General (300	i)	Runoff (3		Special (30S)
Termination Report (TER)		on on	D   D /	Y	in the State o	f
5. Covering Period 04		through	06	/ 30 /	2014	
I certify that I have examined the	nis Report and to the best of	my knowledge and b	elief it is true	e, correct and	l complete.	
Type or Print Name of Treasure	er Francis P. Kirley					
Signature of Treasurer Fran	cis P. Kirley	[Electronically	Filed] Da	ate 07	/ 10 /	2014
NOTE: Submission of false, erron	eous, or incomplete informatio	n may subject the pers	on signing thi	s Report to th	e penalties of 2 L	J.S.C. §437g.
Office Use Only					FEC FOR Rev. 12/20	

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

#### NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (8	a) Cash on Hand January 1, 2014		27906.39
(k	c) Cash on Hand at  Beginning of Reporting Period	29902.09	
(0	c) Total Receipts (from Line 19)	9168.15	25663.85
(0	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	39070.24	53570.24
. Т	otal Disbursements (from Line 31)	8500.00	23000.00
R	ash on Hand at Close of eporting Period subtract Line 7 from Line 6(d))	30570.24	30570.24
th	ebts and Obligations Owed <b>TO</b> le Committee (Itemize all on chedule C and/or Schedule D)	0.00	
th	ebts and Obligations Owed BY ne Committee (Itemize all on chedule 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. 06/2004)

Write or Type Committee Name

#### NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Report Covering the Period:	From: 04	01 2014	To: 06 30 2014 COLUMN B			
I. Receipts	I. Receipts COLUMN A Total This Period					
1. Contributions (other than loa			,			
(a) Individuals/Persons Othe						
Than Political Committe	* *	4838.43	9561.84			
(i) Itemized (use Sched	dule A)	4030.43	3301.04			
(ii) Unitemized (iii) TOTAL (add		4329.72	16102.01			
Lines 11(a)(i) and (ii	i)	9168.15	25663.85			
(b) Political Party Committe		0.00	0.00			
(c) Other Political Committee (such as PACs)		0.00	0.00			
(d) Total Contributions (add	Lines					
11(a)(iii), (b), and (c)) (C) Totals to Line 33, page		9168.15	25663.85			
Transfers From Affiliated/Oth		7				
Party Committees		0.00	0.00			
. All Loans Received		0.00	0.00			
. Loan Repayments Received.		0.00	0.00			
<ol> <li>Offsets To Operating Expend</li> </ol>		7	7			
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, pag	ge 5)	0.00	0.00			
. Refunds of Contributions Ma	ide					
to Federal Candidates and C	Other					
Political Committees		0.00	0.00			
Other Federal Receipts						
(Dividends, Interest, etc.)		0.00	0.00			
Transfers from Non-Federal						
(a) Non-Federal Account						
(from Schedule H3)		0.00	0.00			
(		7	, , , , , , , , , , , , , , , , , , , ,			
(b) Levin Funds (from Sched	fule H5)	0.00	0.00			
(b) Leviii i diide (ireiii eenee	2010 110)	7				
(c) Total Transfers (add 18(a	a) and 18(b))	0.00	0.00			
D. Total Receipts (add Lines 11 12, 13, 14, 15, 16, 17, and		9168.15	25663.8			
. Total Federal Receipts (subtract Line 18(c) from Lin	ie 19)	9168.15	25663.85			

#### **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
Operating Expenditures:  (a) Allocated Federal/Non-Federal		Calcillati i Cal-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) New Federal Obers	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party		
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	8500.00	23000.00
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use Schedule F)	3.00	0.00
Loan Repayments Made	0.00	0.00
	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
man Folitical Committees	0.00	5.00
(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
(444 2.1100 20(4), (6), 4.114 (6), 1.111111		
Other Disbursements	0.00	0.00
_		
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) I coordi oridic		7 7
(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	0.00	222
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))	8500.00	23000.00
. , , , , , , , , , , , , , , , , , , ,	7	25550.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	8500.00	23000.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	9168.15	25663.85
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9168.15	25663.85
6. 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

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

FOR I	PAGE		6	OF		11			
(check only one)									
X 1	1a	11c		12					
1	3	14		15		16			17

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.				
/	R QUALITY LONG TERM CARE IN	С				
Full Name (Last, First, Middle Initial) <b>1.</b> Brad Barnes						
Mailing Address 2615 Falcon Knoll	04 29 _ 2014 _					
City	State Zip Code	Transaction ID : SA11Al.6274				
Katy	TX 77494	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	1000.00				
Name of Employer	Occupation	_				
Nexion Health	Administrator					
Receipt For:	Aggregate Year-to-Date ▼	-				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
Full Name (Last, First, Middle Initial)  3. Brad Barnes		Date of Receipt				
Mailing Address 2615 Falcon Knoll		M M / D D / Y Y Y Y				
2013 Falcott Milot	Mailing Address 2615 Falcon Knoll					
City	06 30 2014 Transaction ID : SA11Al.6228					
Katy	State Zip Code TX 77494	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	405.30				
Name of Employer	Occupation	payroll deduction \$ 57.90 bi-weekly				
Nexion Health	Administrator					
Receipt For:		-				
Primary General	Aggregate Year-to-Date ▼					
Other (specify)	1746.91					
Full Name (Last, First, Middle Initial)  C. Michelle L. Beall		Date of Receipt				
Mailing Address 1194 Jo Apter Place		04 18 2014				
City	State Zip Code	Transaction ID : SA11AI.6262				
New Windsor	MD 21776	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	289.00				
Name of Employer	Occupation	-				
Nexion Health	Payables & Corporate Operations Mgr.					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	Aggregate real-to-bate ¥					
Other (specify) ▼	289.00					
SUBTOTAL of Receipts This Page (optional).		1694.30				
TOTAL This Period (last page this line numb	er only)					

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

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

or for commercial purposes, other than using	g the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FC	R QUALITY LONG TERM CARE IN	С
Full Name (Last, First, Middle Initial) Lisa M. Farrell  Mailing Address 2711 Turner Drive		Date of Receipt
City	State Zip Code	04 18 2014
Manchester	MD 21102	Transaction ID : SA11Al.6271  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	237.00
Name of Employer  Nexion Health	Occupation Administrator	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	237.00	
Full Name (Last, First, Middle Initial)  3. Angela W. Green	<u> </u>	Date of Receipt
Mailing Address 3942 Highway 822		04 18 _ 2014 _
City Dubach	State Zip Code LA 71235	Transaction ID : SA11AI.6254  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Nexion Health Receipt For:	Administrator-Pierremont	-
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  C. Mrs. Wade Gussman	<u> </u>	Date of Receipt
Mailing Address 1177 Oak Harbor Drive		04 29 2014
City Morgan City	State Zip Code LA 70380	Transaction ID : SA11AI.6280  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Nexion Health Receipt For:	Administrator-Patterson	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	1237.00
TOTAL This Period (last page this line num	ber only)	

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

FOR LINE NUMBER:						PAGE	:	8	OF	11
(0	che	ck only								
	X	11a		11b		11c		12		
		13		14		15		16	;	17

UI	ioi commerciai purposes, other than using the i	name and address of any political committee to	Solicit Communions from Such Committee.
$\rangle$	NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR C	QUALITY LONG TERM CARE INC	
١.	Full Name (Last, First, Middle Initial) Janice R. Hill Mailing Address 205 Rocky Mound Drive	Date of Receipt	
	City Lafayette	State Zip Code LA 70506	06 30 2014  Transaction ID : SA11AI.6229
٠	FEC ID number of contributing federal political committee.  Name of Employer  Nexion Health  Receipt For:	Occupation RFS South Louisiana Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  192.68  payroll deduction \$ 27.33 bi-weekly
	Primary General Other (specify) ▼	324.08	
3.	Full Name (Last, First, Middle Initial)  Denise Honnoll  Mailing Address 14971 SH 154E	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Diana	State Zip Code TX 75640	Transaction ID : SA11AI.6230  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	253.20
	Name of Employer Nexion Health	Occupation Regional Clinical Specialist	payroll deduction \$ 36.08 bi-weekly
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 465.42	
).	Full Name (Last, First, Middle Initial) Marguerite P. Jenkins		Date of Receipt
	Mailing Address 118 2nd Avenue		04 18 2014
	City Reistertown	State Zip Code MD 21136	Transaction ID : SA11AI.6261  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	243.00
	Name of Employer  Nexion Health  Receipt For:	Occupation Controller  Aggregate Year-to-Date ▼	
	Receipt For:  Primary General  Other (specify) ▼		
SI	UBTOTAL of Receipts This Page (optional)	·····	688.88
T	OTAL This Period (last page this line number o	nly)	

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

FOR LINE	NUMBER	: PAGE	9 OF	- 11						
(check only one)										
<b>X</b> 11a	11b	11c	12							
13	14	15	16	17						

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR (	QUALITY LONG TERM CARE INC	
Α.	Full Name (Last, First, Middle Initial)  Marguerite P. Jenkins		Date of Receipt
	Mailing Address 118 2nd Avenue	06 30 2014	
	City	State Zip Code	Transaction ID : SA11AI.6231
	Reistertown	MD 21136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	214.20
	Name of Employer	Occupation	payroll deduction \$ 20.16 bi-weekly
	Nexion Health	Controller	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	634.62	
В.	Full Name (Last, First, Middle Initial) Laura Lassie McDowell-Pappas		Date of Receipt
	Mailing Address 18716 Falls Road	7. 0.4	06 30 / Y Y Y Y Y
	City	State Zip Code MD 21074	Transaction ID : SA11AI.6232
	Hampstead	MD 21074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	81.66
	Name of Employer	Occupation	payroll deduction \$ 22.93 bi-weekly
	Nexion Health, Inc.	Director, Purchasing & Finance	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	219.24	
С.	Full Name (Last, First, Middle Initial) Sherri J. Phillips		Date of Receipt
	Mailing Address P.O. Box 933		06 30 2014
	City	State Zip Code	Transaction ID : SA11AI.6233
	Quitman	TX 75783	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	363.51
	Name of Employer	Occupation	payroll deduction \$ 51.93 bi-weekly
	Nexion Health	RDO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	675.09	
s	SUBTOTAL of Receipts This Page (optional)		659.37
Т	OTAL This Period (last page this line number of	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	

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
/	R QUALITY LONG TERM CARE IN	С
Full Name (Last, First, Middle Initial)  Daniel T. Pierce Jr.  Mailing Address 104 Lion Drive		Date of Receipt
City	State Zip Code	04 18 2014 Transaction ID : SA11AI.6258
FEC ID number of contributing federal political committee.	PA 17331	Amount of Each Receipt this Period  336.00
Name of Employer  Nexion Health  Receipt For:	Occupation Director-Treasury & Facility Support	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  336.00	
Full Name (Last, First, Middle Initial) Penny Walker Mailing Address 107 East Ross	1	Date of Receipt
City Waxahachie	State Zip Code TX 75165	Transaction ID : SA11AI.6234  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	222.88
Name of Employer Nexion Health Receipt For:	Occupation Dietician	payroll deduction \$ 31.84 bi-weekly
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 411.40	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address  City	State Zip Code	M M / D D / Y Y Y Y Y
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	1)	558.88
TOTAL This Period (last page this line num	ber only)	4838.43

## ľ

SCH	IEDULE B (FEC Form 3X)			OR I	INE N	NUMBER			PA	AGE 1	11 O	F 11	
ITEMIZED DISBURSEMENTS		Use separate schedule(s)		_	only	_							
		for each category of the Detailed Summary Page			21b	22	<b>X</b> 23		24		25	26	
					27	28a	28		28c		29	30b	
	nformation copied from such Reports and Statem commercial purposes, other than using the name												
$\vdash$	AME OF COMMITTEE (In Full)	le and address of any point	cai coi	11111111	100	SOIICIT CO	THIDUIN	5113	IIOIII Su	CIT COII	minuc		
1 \	IEXION HEALTH FUND FOR QUA	ALITY LONG TERM	1 C A	PE	: ואוכ								
/ '`	ILAION HEALITH OND FOR QUA	ALITI LONG TEN	VI CA	(I\L	. IIVC	,							
Fu	III Name (Last, First, Middle Initial)												
A. B	OEHNER FOR SPEAKER					Date o	f Disbu	ırseı	ment				
-	The Address Co. B. P. H. W. W. W. W. W. W. W. W.			M M / D D / Y Y Y Y									
IVI	ailing Address 631-B PENNSYLVANIA AVE., SE BASEMENT UNIT			06		19	9	201	14	_			
Cit		State Zip Code											
W	ASHINGTON	DC 20003		Trans	saction	: SB23.6	23.6237						
	rpose of Disbursement			_	$\neg$								
_						Amoun	t of Ea	.ch	Disburse	ment t	this P	eriod	
Ca	andidate Name			egor	y/						5000.	.00	
Of	fice Sought: House Disbursen	nent For:	ı	ype			,		7		-		
3,		Primary General											
	President	Other (specify)											
Sta	ate: OH District:												
	III Name (Last, First, Middle Initial)												
в. Н	OYER FOR CONGRESS					Date o	f Disbu	rsei	ment				
	ailing Address 607 14th Street, NW					м = м 06	/	19		20		Y	
IVIC	Suite 800					00		13	9	20	14		
Cit	ty	State Zip Code				Trans	saction		: SB23.0	5236			
	as.m.g.s	DC 20005				ITali	Saction	טוי	. 3023.	J230			
	rpose of Disbursement Contribution					Amount of Each Disbursement this Period							
Ca	andidate Name			_	-	Amount of Each Disbursement this Feriod							
S	TENY HAMILTON HOYER		egor ype	y/	1000.00								
Of	fice Sought:   House   Disbursen		-			,		,					
		Primary General											
0.		Other (specify)											
	ate: MD District: 05												
_	III Name (Last, First, Middle Initial)	TE 14.4				Data o	f Disbu	ırea	mont				
<b>∪.</b> IV	MCCONNELL SENATE COMMITTEE '14						M M / D D / Y Y Y Y						
Ma	ailing Address PO BOX 1496					05 20 2014							
Cit		State Zip Code KY 40201			Transaction ID : SB23.6235								
	DUISVILLE Irpose of Disbursement												
	contribution					Amount of Each Disbursement this Period						Period	
Ca	andidate Name	Cat	egor	v/	Amoun	it of La	CIT	Disbuisc		-	-		
Ν	MITCH MCCONNELL							_			2500.	.00	
Of		nent For: 2014											
		Primary General											
St	President ate: KY District: 00	Other (specify) ▼											
	acc. IXI Diotriot. 00							_				_	
SUB	STOTAL of Disbursements This Page (optional)									8	8500.	00	
<u> </u>	and the second s					=	-	=	1	-		=	
тот	AL This Period (last page this line number only)				<b>•</b>					8	8500.	00	