FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2008 JUL 15 PM 4:53
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)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ 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 04 01 2008 through 06 30 2008

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 15 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

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FEC FORM 3X (Rev. 12/2004)

FE6AN026

28039780735

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

Report Covering the Period: From: MM 04 DD 01 YYYY 2008 To: MM 06 DD 30 YYYY 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 YYYY 2008		6250.99
(b) Cash on Hand at Begining of Reporting Period	19052.31	
(c) Total Receipts (from Line 19)	10087.94	26034.30
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29140.25	32285.29
7. Total Disbursements (from Line 31)	6750.00	9895.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22390.25	22390.25
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

28039780736

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: MM 04 DD 01 YYYY 2008 To: MM 06 DD 30 YYYY 2008

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)	6228.47	17863.19
(ii) Unitemized	3859.47	8171.11
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	10087.94	26034.30
(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) ▶	10087.94	26034.30
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))	10087.94	26034.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10087.94	26034.30

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	0.00	145.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ➤	0.00	145.04
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	6750.00	8250.00
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	1500.00
(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	1500.00
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))	6750.00	9895.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	6750.00	9895.04

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	10087.94	26034.30
34. Total Contribution Refunds (from Line 28(d))	0.00	1500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10087.94	24534.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	145.04
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	145.04

FE6AN026

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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 / 13
(check only one)
[X] 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

A.
Full Name (Last, First, Middle Initial): Hollie Adams
Mailing Address: 2759 CR 1490
City: Center State: TX Zip Code: 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: 858.95
Date of Receipt: 05 / 01 / 2008
Transaction ID: SA11AI.4358
Amount of Each Receipt this Period: 600.00

B.
Full Name (Last, First, Middle Initial): Hollie Adams
Mailing Address: 2759 CR 1490
City: Center State: TX Zip Code: 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: 1073.60
Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.4320
Amount of Each Receipt this Period: 214.65
Payroll deduction $ 23.85 bi-weekly

C.
Full Name (Last, First, Middle Initial): Brad Barnes
Mailing Address: 2615 Falcon Knoll
City: Katy State: TX Zip Code: 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: 1527.24
Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.4319
Amount of Each Receipt this Period: 486.54
Payroll deduction $ 54.06 bi-weekly

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1301.19

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

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(check only one)
[X] 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

A.
Full Name (Last, First, Middle Initial)
Bretton J. Bolt
Mailing Address 1704 Lake Forest Road
City: Finksburg State: MD Zip Code: 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: 3092.28
Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.4322
Amount of Each Receipt this Period: 519.21
Payroll deduction$ 57.69 bi-weekly

B.
Full Name (Last, First, Middle Initial)
Sherri Clark
Mailing Address P.O. Box 933
City: Quitman State: TX Zip Code: 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: 574.59
Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.4323
Amount of Each Receipt this Period: 436.14
Payroll deduction $ 48.46 bi-weekly

C.
Full Name (Last, First, Middle Initial)
Janice R. Hill
Mailing Address 205 Rocky Mound Drive
City: Lafayette State: LA Zip Code: 70506
FEC ID number of contributing federal political committee. C
Name of Employer: Nexion Health
Occupation: RFS South Louisiana
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.40
Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.4325
Amount of Each Receipt this Period: 171.18
Payroll deduction $ 19.02 bi-weekly

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1126.53

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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): Denise Honnoll
Mailing Address: 14971 SH 154E
City: Diana | State: TX | Zip Code: 75640
FEC ID number of contributing federal political committee: C
Name of Employer: Nexion Health
Occupation: Regional Clinical Specialist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 392.28
Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.4326
Amount of Each Receipt this Period: 294.21
Payroll deduction $ 32.69 bi-weekly

B.
Full Name (Last, First, Middle Initial): Tonye Ihua-Maduenyi
Mailing Address: 2611 Atrium Drive
City: Grand Prairie | State: TX | Zip Code: 75052
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: 857.84
Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.4327
Amount of Each Receipt this Period: 285.66
Payroll deduction $ 31.74 bi-weekly

C.
Full Name (Last, First, Middle Initial): Marguerite P. Jenkins
Mailing Address: 118 2nd Avenue
City: Reistertown | State: MD | Zip Code: 21136
FEC ID number of contributing federal political committee: C
Name of Employer: Nexion Health
Occupation: Controller
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 430.72
Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.4328
Amount of Each Receipt this Period: 242.28
Payroll deduction $ 26.92 bi-weekly

SUBTOTAL of Receipts This Page (optional) ..... ▶ 822.15

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

28039780742

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 13
(check only one)
[X] 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

A.
Full Name (Last, First, Middle Initial)
Brian P. Lee
Mailing Address 517 Overdale Road
City: Baltimore State: MD Zip Code: 21229
FEC ID number of contributing federal political committee. C
Name of Employer: Nexion Health, Inc.
Occupation: General Counsel
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 25 / 2008
Transaction ID: SA11AI.4346
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Michael F. Li
Mailing Address 12840 S. Kirkwood #738
City: Stafford State: TX Zip Code: 77477
FEC ID number of contributing federal political committee. C
Name of Employer: Nexion Health
Occupation: LNFA
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 975.80
Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.4317
Amount of Each Receipt this Period: 262.98
Payroll deduction $ 29.22 bi-weekly

C.
Full Name (Last, First, Middle Initial)
Paula F. Lowrie
Mailing Address 1017 Misty Way
City: Garland State: TX Zip Code: 75040
FEC ID number of contributing federal political committee. C
Name of Employer: Nexion Health
Occupation: RFS East Texas
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 302.96
Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.4329
Amount of Each Receipt this Period: 172.62
Payroll deduction $ 19.18 bi-weekly

SUBTOTAL of Receipts This Page (optional) ..... ▶ 685.60

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: (check only one) PAGE 10 / 13

[X] 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

A.
Full Name (Last, First, Middle Initial): Laura Lassie McDowell-Pappas
Mailing Address: 18716 Falls Road
City: Hampstead State: MD Zip Code: 21074
FEC ID number of contributing federal political committee: C
Name of Employer: Nexion Health, Inc.
Occupation: Director, Purchasing & Finance
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 468.04
Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.4330
Amount of Each Receipt this Period: 267.21
Payroll deduction $ 29.69 bi-weekly

B.
Full Name (Last, First, Middle Initial): Keith Mutschler
Mailing Address: 1778 Brookshire Court
City: Finksburg State: MD Zip Code: 21048
FEC ID number of contributing federal political committee: C
Name of Employer: Nexion Health
Occupation: Treasurer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 387.68
Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.4331
Amount of Each Receipt this Period: 218.07
Payroll deduction $ 24.23 bi-weekly

C.
Full Name (Last, First, Middle Initial): Meera Riner
Mailing Address: 513 Hillside Drive
City: Auburndale State: FL Zip Code: 33823
FEC ID number of contributing federal political committee: C
Name of Employer: Nexion Health
Occupation: Vice-President for Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1249.96
Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.4335
Amount of Each Receipt this Period: 865.35
Payroll deduction $ 96.15 bi-weekly

SUBTOTAL of Receipts This Page (optional) ▶ 1350.63

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 11 / 13
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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)
Merritt L. Robinson
Mailing Address 1650 Dunaway Crossing
City: Fairview State: TX Zip Code: 75069
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: 769.28

Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.4336
Amount of Each Receipt this Period: 432.72
Payroll deduction $ 48.08 bi-weekly

B.
Full Name (Last, First, Middle Initial)
Madhulika Tewary
Mailing Address 1833 Branch Hill Drive
City: Pearland State: TX Zip Code: 77587
FEC ID number of contributing federal political committee. C
Name of Employer: Nexion Health
Occupation: Corp. Director of Clinical Services
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 05 / 23 / 2008
Transaction ID: SA11AI.4378
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Penny Walker
Mailing Address 107 East Ross
City: Waxahachie State: TX Zip Code: 75165
FEC ID number of contributing federal political committee. C
Name of Employer: Nexion Health
Occupation: Dietician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 259.65

Date of Receipt: 06 / 30 / 2008
Transaction ID: SA11AI.4344
Amount of Each Receipt this Period: 259.65
Payroll deduction $ 28.85 bi-weekly

SUBTOTAL of Receipts This Page (optional) 942.37

TOTAL This Period (last page this line number only) 6228.47

28039780745

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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): CHILDERS FOR CONGRESS
Mailing Address: PO BOX 177
City: BOONEVILLE State: MS Zip Code: 38829
Purpose of Disbursement: Contribution
Candidate Name: TRAVIS W CHILDERS
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: MS District: 01
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼
Transaction ID: SB23.4391
Date of Disbursement: 06 / 03 / 2008
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial): FRIENDS OF MARK WARNER
Mailing Address: 1029 NORTH ROYAL STREET 2ND FL
City: ALEXANDRIA State: VA Zip Code: 22314
Purpose of Disbursement: Contribution
Candidate Name: MARK R WARNER
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: VA District: 00
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼
Transaction ID: SB23.4410
Date of Disbursement: 04 / 28 / 2008
Amount of Each Disbursement this Period: 750.00

C.
Full Name (Last, First, Middle Initial): MCCONNELL SENATE COMMITTEE '08
Mailing Address: PO BOX 1496
City: LOUISVILLE State: KY Zip Code: 40201
Purpose of Disbursement: Conrtibution
Candidate Name: MITCH MCCONNELL
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: KY District: 00
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼
Transaction ID: SB23.4349
Date of Disbursement: 04 / 11 / 2008
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 2250.00

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

28039780745

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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): MONTANA DEMOCRATIC PARTY
Mailing Address: PO Box 802
City: Helena State: MT Zip Code: 59624
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Transaction ID: SB23.4393
Date of Disbursement: 06 / 03 / 2008
Amount of Each Disbursement this Period: 3000.00

B.
Full Name (Last, First, Middle Initial): PAT ROBERTS FOR U S SENATE INC
Mailing Address: PO BOX 433
City: GREAT BEND State: KS Zip Code: 67530
Purpose of Disbursement: Contribution
Candidate Name: PAT ROBERTS
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: KS District: 00
Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼
Transaction ID: SB23.4355
Date of Disbursement: 04 / 06 / 2008
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial): RODNEY ALEXANDER FOR CONGRESS INC.
Mailing Address: PO Box 367
319 NANCY ROAD
City: Quitman State: LA Zip Code: 71268
Purpose of Disbursement: Contribution
Candidate Name: RODNEY MR. ALEXANDER
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 05
Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼
Transaction ID: SB23.4352
Date of Disbursement: 04 / 15 / 2008
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 4500.00

TOTAL This Period (last page this line number only) ..... ▶ 6750.00

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Federal Election Commission
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☐ No Postmark	
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PREPARER	7/16/08 DATE PREPARED

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