

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2008 OCT 16 AM 9:15

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 ZIP CODE

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on [] [] [] in the State of []

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|


Election on [] [] [] in the State of []

5. Covering Period 07 01 2008 through 09 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 Francis P. Kirley

Signature of Treasurer



Date 10 14 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)

28039870790

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

28039870791

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">6250.99</td></tr></table>	6250.99
Y	Y	Y	Y									
2	0	0	8									
6250.99												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">22390.25</td></tr></table>	22390.25	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>									
22390.25												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">5720.10</td></tr></table>	5720.10	<table border="1" style="width: 100%;"><tr><td align="right">31754.40</td></tr></table>	31754.40								
5720.10												
31754.40												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">28110.35</td></tr></table>	28110.35	<table border="1" style="width: 100%;"><tr><td align="right">38005.39</td></tr></table>	38005.39								
28110.35												
38005.39												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">1000.00</td></tr></table>	1000.00	<table border="1" style="width: 100%;"><tr><td align="right">10895.04</td></tr></table>	10895.04								
1000.00												
10895.04												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">27110.35</td></tr></table>	27110.35	<table border="1" style="width: 100%;"><tr><td align="right">27110.35</td></tr></table>	27110.35								
27110.35												
27110.35												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>									
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>									
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	W	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	W	Y
2	0	0	8

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)	4578.10	22441.29
(ii) Unitemized	1142.00	9313.11
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5720.10	31754.40
(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)	5720.10	31754.40
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))	5720.10	31754.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5720.10	31754.40

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

28039870793

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.....	1000.00	9250.00	
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))..	1000.00	10895.04	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	10895.04	

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
33. Total Contributions (other than loans) from Line 11(d), page 3)	5720.10	31754.40
34. Total Contribution Refunds (from Line 28(d))	0.00	1500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5720.10	30254.40
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

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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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 State Zip Code
Center TX 75935

FEC ID number of contributing federal political committee.

C

Name of Employer
Nexion Health

Occupation
Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1222.69

Date of Receipt

MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.4418

Amount of Each Receipt this Period

149.09

payroll deduction \$ 24.80
semi-monthly

B.

Full Name (Last, First, Middle Initial)

Brad Barnes

Mailing Address 2615 Falcon Knoll

City State Zip Code
Katy TX 77494

FEC ID number of contributing federal political committee.

C

Name of Employer
Nexion Health

Occupation
Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1851.60

Date of Receipt

MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.4417

Amount of Each Receipt this Period

324.36

payroll deduction \$ 54.06
semi-monthly

C.

Full Name (Last, First, Middle Initial)

Michelle L. Beall

Mailing Address 1194 Jo Apter Place

City State Zip Code
New Windsor MD 21776

FEC ID number of contributing federal political committee.

C

Name of Employer
Nexion Health

Occupation
Payables & Corporate Operations Mgr.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

270.82

Date of Receipt

MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.4419

Amount of Each Receipt this Period

73.86

payroll deduction \$ 12.31
semi-monthly

SUBTOTAL of Receipts This Page (optional)

547.31

TOTAL This Period (last page this line number only)

28039870795

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

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

FOR LINE NUMBER: PAGE 7 / 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

A.

Full Name (Last, First, Middle Initial)

Bretton J. Bolt

Mailing Address 1704 Lake Forest Road

City State Zip Code
Finksburg MD 21048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Nexion Health EVP & CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3438.42

Date of Receipt

MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.4420

Amount of Each Receipt this Period
346.14

payroll deduction \$ 57.69
semi-monthly

B.

Full Name (Last, First, Middle Initial)

Sherri Clark

Mailing Address P.O. Box 933

City State Zip Code
Quitman TX 75783

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Nexion Health RDO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 865.35

Date of Receipt

MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.4421

Amount of Each Receipt this Period
290.76

payroll deduction \$ 48.46
semi-monthly

C.

Full Name (Last, First, Middle Initial)

Merrilee F. Hawk

Mailing Address 5728 Pebble Ridge Drive

City State Zip Code
McKinney TX 75070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Nexion Health Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 353.84

Date of Receipt

MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.4434

Amount of Each Receipt this Period
265.38

payroll deduction \$ 44.23
semi-monthly

SUBTOTAL of Receipts This Page (optional) ▶

902.28

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

28039870796

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

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

FOR LINE NUMBER: PAGE 8 / 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

A.

Full Name (Last, First, Middle Initial)
Janice R. Hill

Mailing Address 205 Rocky Mound Drive

City State Zip Code
Lafayette LA 70506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Nexion Health RFS South Louisiana

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **414.52**

Date of Receipt

09 / 30 / 2008

Transaction ID: SA11AI.4422

Amount of Each Receipt this Period
114.12

payroll deduction \$ 19.02
semi-monthly

B.

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

Mailing Address 14971 SH 154E

City State Zip Code
Diana TX 75640

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Nexion Health Regional Clinical Specialist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **588.42**

Date of Receipt

09 / 30 / 2008

Transaction ID: SA11AI.4423

Amount of Each Receipt this Period
196.14

payroll deduction \$ 32.69
semi-monthly

C.

Full Name (Last, First, Middle Initial)
Tonye Ihua-Maduenyi

Mailing Address 2611 Atrium Drive

City State Zip Code
Grand Prairie TX 75052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Nexion Health Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **1060.96**

Date of Receipt

09 / 30 / 2008

Transaction ID: SA11AI.4433

Amount of Each Receipt this Period
203.12

payroll deduction \$ 35.83
semi-monthly

SUBTOTAL of Receipts This Page (optional) ▶

513.38

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

28039870797

**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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

A.

Full Name (Last, First, Middle Initial)
Marguerite P. Jenkins

Mailing Address 118 2nd Avenue

City Reisterstown 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 ▼
592.24

Date of Receipt
MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.4424

Amount of Each Receipt this Period
161.52

payroll deduction \$ 26.92
semi-monthly

B.

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2008

Transaction ID: SA11AI.4415

Amount of Each Receipt this Period
500.00

C.

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 ▼
1154.73

Date of Receipt
MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.4416

Amount of Each Receipt this Period
178.93

payroll deduction \$ 30.10
semi-monthly

SUBTOTAL of Receipts This Page (optional) **840.45**

TOTAL This Period (last page this line number only) **840.45**

28039870798

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

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

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

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NAME OF COMMITTEE (In Full)
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

A.

Full Name (Last, First, Middle Initial)

Paula F. Lowrie

Mailing Address 1017 Misty Way

City State Zip Code
Garland TX 75040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Nexion Health RFS East Texas

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 418.04

Date of Receipt

MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.4425

Amount of Each Receipt this Period
115.08

payroll deduction \$ 19.18
semi-monthly

B.

Full Name (Last, First, Middle Initial)

Laura Lassie McDowell-Pappas

Mailing Address 18716 Falls Road

City State Zip Code
Hampstead MD 21074

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Nexion Health, Inc. Director, Purchasing & Finance

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 646.18

Date of Receipt

MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.4426

Amount of Each Receipt this Period
178.14

payroll deduction \$ 29.69
semi-monthly

C.

Full Name (Last, First, Middle Initial)

Keith Mutschler

Mailing Address 1778 Brookshire Court

City State Zip Code
Finksburg MD 21048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Nexion Health Treasurer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 533.06

Date of Receipt

MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.4427

Amount of Each Receipt this Period
145.38

payroll deduction \$ 24.23
semi-monthly

SUBTOTAL of Receipts This Page (optional) ▶

438.60

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

28039870799

**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

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

A.

Full Name (Last, First, Middle Initial)

Cindi M. Phillips

Mailing Address 1253 CR 480

City State Zip Code
Mt. Pleasant TX 75455

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Nexion Health Regional Clinical Specialist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 282.30

Date of Receipt

MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.4428

Amount of Each Receipt this Period

112.92

payroll deduction \$ 18.82
semi-monthly

B.

Full Name (Last, First, Middle Initial)

Meera Riner

Mailing Address 513 Hillside Drive

City State Zip Code
Auburndale FL 33823

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Nexion Health Vice-President for Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1826.86

Date of Receipt

MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.4429

Amount of Each Receipt this Period

576.90

payroll deduction \$ 96.15
semi-monthly

C.

Full Name (Last, First, Middle Initial)

Merritt L. Robinson

Mailing Address 1650 Dunaway Crossing

City State Zip Code
Fairview TX 75069

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Nexion Health RDO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1057.76

Date of Receipt

MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.4430

Amount of Each Receipt this Period

288.48

payroll deduction \$ 48.08
semi-monthly

SUBTOTAL of Receipts This Page (optional)

978.30

TOTAL This Period (last page this line number only)

28039870800

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

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

FOR LINE NUMBER: PAGE 12 / 13

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

A.

Full Name (Last, First, Middle Initial)

Deborah Ann Seals

Mailing Address 425 Martin Drive

City State Zip Code
Beaumont TX 75418

FEC ID number of contributing federal political committee.

C

Name of Employer
Nexion Health

Occupation
Director of Nurses

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
369.36

Date of Receipt

MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.4435

Amount of Each Receipt this Period

184.68

payroll deduction \$ 30.78
semi-monthly

B.

Full Name (Last, First, Middle Initial)

Penny Walker

Mailing Address 107 East Ross

City State Zip Code
Waxahachie TX 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 ▼
432.75

Date of Receipt

MM / DD / YYYY
09 / 30 / 2008

Transaction ID: SA11AI.4431

Amount of Each Receipt this Period

173.10

payroll deduction \$ 28.85
semi-monthly

SUBTOTAL of Receipts This Page (optional)

357.78

TOTAL This Period (last page this line number only)

4578.10

28039870801

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

A. Full Name (Last, First, Middle Initial)
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Mailing Address PO BOX 1631

City BALTIMORE State MD Zip Code 21203

Purpose of Disbursement
Contribution

Candidate Name
ELIJAH E CUMMINGS

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MD District: 07

Transaction ID: SB23.4414
Date of Disbursement
07 / 16 / 2008

Amount of Each Disbursement this Period
1000.00

28039870802

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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Overnight Delivery Service (Specify): *FedEx* Shipping Date
10/15/08
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jm10
PREPARER

10/14/08
DATE PREPARED

28039870803