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### **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

TOKW OX	or Other Than An Aut	thorized Committee	Office Use Only			
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, ty over the lines.	<sup>/pe</sup> 12FE4M5			
NEXION HEALTH FUN	ID FOR QUALITY L	ONG TERM CARE	INC			
ADDRESS (number and street)	228 S WASHINGTON STR	EET SUITE 115				
▼ Check if different						
than previously reported. (ACC)	ALEXANDRIA	ALEXANDRIA VA				
2. FEC IDENTIFICATION NU	MBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲			
C C00434233		S THIS NEW (N)	OR AMENDED (A)			
4. TYPE OF REPORT (Choose One)	Report Due On:		20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M6) Sep 20 (M9) Dec 20 (M12			
(a) Quarterly Reports:			(Non-Election Year Only)			
April 15 Quarterly Report (Q		7 20 (M4) Jul 20	O (M7) Oct 20 (M10) Jan 31 (YE)			
July 15	PRE-Election	Primary (12P)	General (12G) Runoff (12R)			
Quarterly Report (Q October 15	Report for the:	Convention (12C)	Special (12S)			
Quarterly Report (Q January 31 Year-End Report (Y)		on on	in the State of			
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R) Special (30S)			
Termination Report (TER)	Report for the:	on on	in the State of			
5. Covering Period 01	01 2017	through	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
I certify that I have examined thi	s Report and to the best o	f my knowledge and beliet	f it is true, correct and complete.			
Type or Print Name of Treasurer	Kirley, Francis P., , ,					
Signature of Treasurer  Kirley	o, Francis P., , ,	[Electronically File	d) Date 07 / 20 / 2017			
NOTE: Submission of false, errone	ous, or incomplete information	on may subject the person s	signing this Report to the penalties of 52 U.S.C. § 3010			
Office			FEC FORM 3X			
Use Only			Rev. 05/2016			

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name

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

01 2017 06 30 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 32209.40 January 1, 2017 (b) Cash on Hand at 32209.40 Beginning of Reporting Period..... 18251.89 18251.89 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 50461.29 50461.29 6(a) and 6(c) for Column B)..... 14200.00 14200.00 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 36261.29 36261.29 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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. 05/2016)

Write or Type Committee Name

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

01 2017 06 30 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 7044.37 7044.37 (i) Itemized (use Schedule A)..... 11207.52 11207.52 (ii) Unitemized ..... (iii) TOTAL (add 18251.89 18251.89 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 18251.89 18251.89 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 18251.89 18251.89 20. Total Federal Receipts 18251.89 18251.89 (subtract Line 18(c) from Line 19) .......▶

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Salvinaa Tour to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	4 4
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	0.00	
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	14200.00	14200.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))		4 4
(use Schedule F)	0.00	0.00
Loan Repayments Made	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
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	4 4	
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	0))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
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))	14200.00	14200.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	14200.00	14200.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

,		
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)	18251.89	18251.89
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18251.89	18251.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

						PAGE	6	OF	12
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		13		14		15	16	6	17

	nd Statements may not be sold or used by any person the name and address of any political committee to						
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FO	R QUALITY LONG TERM CARE IN	С					
Full Name of Individual (Last, First, Middle Benoit, Abigail B., , ,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 415 Copper Ridge Drive		04 28 2017					
City	State Zip Code	Transaction ID : SA11AI.6867					
Youngsville	LA 70592	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	525.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Nexion Health	Administrator-Patterson						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	610.00						
Full Name of Individual (Last, First, Middle Benoit, Abigail B., , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 415 Copper Ridge Drive	05 10 2017						
City	State Zip Code	Transaction ID : SA11Al.6874					
Youngsville	LA 70592	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	281.00					
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Patterson	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 891.00						
Full Name of Individual (Last, First, Middle Benoit, Abigail B., , ,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 415 Copper Ridge Drive		06 08 2017					
City	State Zip Code	Transaction ID : SA11AI.6895					
Youngsville	LA 70592	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	109.00					
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Patterson	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify)	1000.00						
SUBTOTAL of Receipts This Page (optional	)	915.00					
TOTAL This Period (last page this line num	ber only)						

						PAGE	7	OF	12
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		13		14		15	16	6	17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may none name and addre	ot be sold or used by any perss of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR	QUALITY LO	ONG TERM CARE IN	NC				
Full Name of Individual (Last, First, Middle In Bridges, Kimberly A., , ,  Mailing Address 1966 Bridges Road	nitial) or Full Organ	nization Name	Date of Receipt				
City	State	Zip Code	03 23 2017				
Florien	LA	71429	Transaction ID : SA11AI.6852				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  500.00				
Name of Employer (for Individual)  Nexion Health		ion (for Individual) trator-Many (LA)	Memo Item				
Receipt For:  Primary General  Other (specify) ▼							
Full Name of Individual (Last, First, Middle II  Bridges, Kimberly A., , ,  Mailing Address 1966 Bridges Road	Date of Receipt						
City	State	Zip Code	06 22 2017  Transaction ID : SA11Al.6904				
Florien  FEC ID number of contributing federal political committee.	C	71429	Amount of Each Receipt this Period  500.00				
Name of Employer (for Individual) Nexion Health		tion (for Individual) strator-Many (LA)	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	r-to-Date ▼ 1000.00					
Full Name of Individual (Last, First, Middle In Cash, Juliie, , ,	nitial) or Full Organ	nization Name	Date of Receipt				
Mailing Address 2303 Cole Circle			01 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Bossier City	State LA	Zip Code 71111	Transaction ID : SA11AI.6824				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period				
Name of Employer (for Individual) Nexion Health		ion (for Individual) trator-Claiborne	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year	r-to-Date ▼ 1000.00					
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	2000.00				
TOTAL This Period (last page this line number	r only)						

FOR LINE NUMBER:						PAGE	8	OF	12
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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR (	QUALITY LONG TERM CARE IN	С
Full Name of Individual (Last, First, Middle Init  A. Eddings, Cametrica, , ,  Mailing Address 116 Mourning Dove	tial) or Full Organization Name	Date of Receipt
City	State Zip Code	01 17 2017
Navasota Navasota	TX 77868	Transaction ID : SA11AI.6826  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	368.00
Name of Employer (for Individual)  Nexion Health	Occupation (for Individual) Administrator-Golden Creek	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  368.00	
Full Name of Individual (Last, First, Middle Init  Eddings, Cametrica, , ,  Mailing Address 116 Mourning Dove	Date of Receipt	
City Navasota	State Zip Code TX 77868	04 28 2017  Transaction ID : SA11Al.6875  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-Golden Creek	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt
Mailing Address 205 Rocky Mound Drive		06 30 2017
City Lafayette	State Zip Code LA 70506	Transaction ID : SA11AI.6809  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	427.20
Name of Employer (for Individual)  Nexion Health	Occupation (for Individual) RFS South Louisiana	Memo Item payroll deduction \$ 28.71 bi-weekly
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 427.20	
SUBTOTAL of Receipts This Page (optional)		845.20
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:						PAGE	9	OF	12
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or for commercial purposes, other than using	g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FO	R QUALITY LONG TERM CARE IN	IC
Full Name of Individual (Last, First, Middle Myles, Rebecca R., , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address P.O. Box 120		06 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.6898
Minden	LA 70158	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	466.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Nexion Health	Administrator-Pierrepont	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	466.00	
Full Name of Individual (Last, First, Middle Riner, Martha, , , III	Date of Receipt	
Mailing Address P.O. Box 391		05 19 2017
City	State Zip Code	Transaction ID : SA11Al.6885
Naples	TX 75568	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	382.00
Name of Employer (for Individual) Nexion Health	Occupation (for Individual) Administrator-New Boston H'Ithcare Ctr	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General Other (specify) ▼	382.00	
Full Name of Individual (Last, First, Middle Shuck, Michelle Ann, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 1200 Twilight Drive		06 30 2017
City	State Zip Code	Transaction ID : SA11AI.6907
Garland	TX 74050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer (for Individual)  Nexion Health	Occupation (for Individual) Administrator-Pleasant Valley	Memo Item
Receipt For:	,	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optiona	l)	1348.00
	·	
TOTAL This Period (last page this line num	iber only)	1

						PAGE	 10	OF	12
(C	he	ck only							
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	Statements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR	QUALITY LONG TERM CARE IN	NC
Full Name of Individual (Last, First, Middle In Smith, Truman W., , , ,  Mailing Address P.O. Box 1468  City Gladewater  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Nexion Health  Receipt For:  Primary General Other (specify)	State   Zip Code   TX   75417  C   Occupation (for Individual)   Administrator   Aggregate Year-to-Date   \$\infty\$   500.00	Date of Receipt  M M M / 08 2017  Transaction ID: SA11Al.6899  Amount of Each Receipt this Period  500.00  Memo Item
Full Name of Individual (Last, First, Middle In Sweeney, Philip, , , Mailing Address 20 Davis Boulevard  City  Jefferson  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Nexion Health, Inc.  Receipt For:  Primary  General  Other (specify)	State   Zip Code   70121   C    Occupation (for Individual)   Administrator    Aggregate Year-to-Date   1000.00	Date of Receipt  03 28 2017  Transaction ID: SA11Al.6861  Amount of Each Receipt this Period  1000.00  Memo Item
Full Name of Individual (Last, First, Middle In Walker, Penny, , ,  Mailing Address 107 East Ross  City Waxahachie  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Nexion Health Receipt For: Primary General Other (specify)	State Zip Code TX 75165  C  Occupation (for Individual) Dietician  Aggregate Year-to-Date   436.17	Date of Receipt    Mark
SUBTOTAL of Receipts This Page (optional)	·····	1936.17
TOTAL This Period (last page this line numbe	r only)	7044.37

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ITEMIZED DISBURSEMENTS   Use separate schedule(s) for each category of the Detailed Summary Page   Category of the Detailed Summary Page   21   22   23   29   300   201   2	SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 11 OF 12
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  Full Name (Last, First, Middle Initial) A. MICHAEL BURGESS FOR CONGRESS  Mailing Address PO BOX 2334  City DENTON TX 76202 Purpose of Disbursement contribution Candidate Name BURGESS, MICHAEL C., 1077 City WASHINGTON Disbursement Tor: 2018 State: TX District: 26  Full Name (Last, First, Middle Initial) B. NRSC  Mailing Address 425 SECOND STREET NE  City WASHINGTON Candidate Name Category/ Type  Office Sought: Senate President State: Disbursement Contribution Candidate Name Category/ Type  Office Sought: Senate President State: Disbursement Contribution Candidate Name Category/ Type  Office Sought: Senate President State: Disbursement Other (specify)  State Zip Code Category/ Type  Transaction ID : \$823.6816 Amount of Each Disbursement this Perior Type  Office Sought: Senate President State: Disbursement Other (specify)  Type  Office Sought: Yelouse Senate President State: Disbursement Other (specify)  Transaction ID : \$823.6815 Amount of Each Disbursement Other (specify)  Transaction ID : \$823.6815 Amount of Each Disbursement Other (specify)  Transaction ID : \$823.6815 Amount of Each Disbursement Other (specify)  Transaction ID : \$823.6815 Amount of Each Disbursement Other (specify)  Transaction ID : \$823.6815 Amount of Each Disbursement Other (specify)  Transaction ID : \$823.6815 Amount of Each Disbursement Other (specify)  Transaction ID : \$823.6815 Amount of Each Disbursement Other (specify)  Transaction ID : \$823.6815 Amount of Each Disbursement Other (specify)  Transaction ID : \$823.6815 Amount of Each Disbursement Other (specify)  Transaction ID : \$823.6815 Amount of Each Disbursement Othe	ITEMIZED DISBURSEMENTS	for each category of the	21b	22 🗶 23 🔲 26 📗 27
NAME OF COMMITTEE (In Full)  NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC  Full Name (Last, First, Middle Initial)  A. MICHAEL BURGESS FOR CONGRESS  Mailing Address PO BOX 2334  City				
A. MICHAEL BURGESS FOR CONGRESS  Mailing Address PO BOX 2334  City DENTON TX 76202  Purpose of Disbursement Contribution Candidate Name District:  City DENTON Diffice Sought: State: TX District:  City Mailing Address 425 SECOND STREET NE  City WASHINGTON Candidate Name Disbursement For: City WASHINGTON Candidate Name Disbursement For: City WASHINGTON Candidate Name Disbursement For: District:  City WASHINGTON Candidate Name Disbursement Contribution Candidate Name Disbursement District:  Full Name (Last, First, Middle Initial) C. RALPH ABRAHAM FOR CONGRESS  Mailing Address P.O. BOX 14062  City MONROE LA 71207  City City City City City City City Cit	NAME OF COMMITTEE (In Full)	, ,		
DENTON Purpose of Disbursement Contribution Candidate Name BURGESS, MICHAEL C., , Office Sought:	A. MICHAEL BURGESS FOR CONG	RESS		M M / D D / Y Y Y Y
Purpose of Disbursement contribution Candidate Name BURGESS, MICHAEL C., , Office Sought:				FEC Identification Number
BURGESS, MICHAEL C., , , Office Sought:	Purpose of Disbursement contribution	1X /6202		
Senate President Other (specify)   State: TX District: 26  Full Name (Last, First, Middle Initial)  B. NRSC  Mailing Address 425 SECOND STREET NE  City WASHINGTON Purpose of Disbursement contribution  Candidate Name  Office Sought: House President President President State: TX Disbursement Contribution  C. RALPH ABRAHAM FOR CONGRESS  Mailing Address P.O. BOX 14062  City MONROE Purpose of Disbursement Contribution  Candidate Name  Disbursement For: 2500.00  State Zip Code Co0027466  Transaction ID : S823.6816  Amount of Each Disbursement this Perior Cother (specify)  Memo Item  Date of Disbursement  Category/ Type  District: District: District: District: Disbursement For: 2018  State: Ty Disbursement For: 2018  Amount of Each Disbursement  Category/ Type  Disbursement For: Category/ Type  Transaction ID : S823.6815  Amount of Each Disbursement  Category/ Type  Transaction ID : S823.6815  Amount of Each Disbursement  Category/ Type  Category/ Type  Disbursement For: Category/ Type  Transaction ID : S823.6815  Amount of Each Disbursement In Security Type  Category/ Type  Transaction ID : S823.6815  Amount of Each Disbursement For: Category/ Type  Transaction ID : S823.6815  Amount of Each Disbursement In Security Type  Category/ Type  Transaction ID : S823.6815  Amount of Each Disbursement For: Category/ Type  Transaction ID : S823.6815  Amount of Each Disbursement In Security Type  Category/ Type  Transaction ID : S823.6815  Amount of Each Disbursement In Security Type  Category/ Type  Transaction ID : S823.6815  Amount of Each Disbursement In Security Type  Category/ Type  Transaction ID : S823.6815  Amount of Each Disbursement In Security Type  Transaction ID : S823.6816  Transacti	BURGESS, MICHAEL C., , ,	nent For: 2018		Amount of Each Disbursement this Period 2500.00
Full Name (Last, First, Middle Initial)  B. NRSC  Mailing Address 425 SECOND STREET NE  City WASHINGTON Purpose of Disbursement contribution Candidate Name  Office Sought: Fresident State: Full Name (Last, First, Middle Initial)  C. RALPH ABRAHAM FOR CONGRESS  Mailing Address P.O. BOX 14062  City MONROE Purpose of Disbursement Contribution  Candidate Name  Disbursement For: Senate Primary Other (specify)  Date of Disbursement in Number Category/ Type  Date of Disbursement this Period  Memo Item  FEC Identification Number  Date of Disbursement  Date of Disbursement  Date of Disbursement  Transaction ID: SB23.6816  Amount of Each Disbursement this Period  Transaction ID: SB23.6816  Category/ Type  Category/ Typ	Senate President	Primary General		
Mailing Address 425 SECOND STREET NE  City WASHINGTON Purpose of Disbursement contribution Candidate Name  Office Sought: House President President State: District:  Full Name (Last, First, Middle Initial) C. RALPH ABRAHAM FOR CONGRESS  Mailing Address P.O. BOX 14062  City MONROE Purpose of Disbursement this Period  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Category/ Type  Category/ Type  Coude Transaction ID: SB23,6816  Amount of Each Disbursement this Period  Memo Item  FEC Identification Number  Coude Type Coude Transaction ID: SB23,6815  Amount of Each Disbursement  Coude Transaction ID: SB23,6815  Amount of Each Disbursement this Period  Transaction ID: SB23,6815  Amount of Each Disbursement this Period  Transaction ID: SB23,6815  Amount of Each Disbursement this Period  Transaction ID: SB23,6815  Amount of Each Disbursement this Period  Coude Type  Coude Type Type  Type  Type  Coude Type Type Type Type Type Type T	Full Name (Last, First, Middle Initial)			Date of Disbursement
WASHINGTON Purpose of Disbursement contribution Candidate Name  Office Sought: House Primary General Other (specify)  Sanate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. RALPH ABRAHAM FOR CONGRESS  Mailing Address P.O. BOX 14062  City MONROE LA 71207  Purpose of Disbursement contribution  Candidate Name  BURGESS, MICHAEL C., ,  Office Sought:	Mailing Address 425 SECOND STREET NE			
Candidate Name  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District: Distri	WASHINGTON Purpose of Disbursement	'		
Senate President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. RALPH ABRAHAM FOR CONGRESS  Mailing Address P.O. BOX 14062  City  MONROE  Purpose of Disbursement Contribution  Candidate Name  BURGESS, MICHAEL C., , ,  Office Sought:  State: TX  District: 26  Primary  Other (specify)  Memo Item  Date of Disbursement  Date of Disbursement  Date of Disbursement  Category/ Type  Category/ Type  Category/ Type  Memo Item  Memo Item  Memo Item	Candidate Name			Amount of Each Disbursement this Period
State: District:  Full Name (Last, First, Middle Initial)  C. RALPH ABRAHAM FOR CONGRESS  Mailing Address P.O. BOX 14062  City  MONROE  Purpose of Disbursement  Candidate Name  BURGESS, MICHAEL C., , ,  Office Sought:  X House  President  State: TX District: 26  Date of Disbursement  Date of Disbursement  Code  71207  FEC Identification Number  Category/ Type  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Memo Item	Senate	Primary General		
Mailing Address P.O. BOX 14062  City  MONROE  Purpose of Disbursement contribution  Candidate Name  BURGESS, MICHAEL C., ,,  Office Sought:  X House  President  State: TX District: 26  State  Zip Code 71207  FEC Identification Number  C C00563940  Transaction ID: SB23.6815  Amount of Each Disbursement this Period  2700.00  Mm M	Full Name (Last, First, Middle Initial)			
MONROE Purpose of Disbursement contribution  Candidate Name BURGESS, MICHAEL C., , ,  Office Sought:  Y House Senate President State: TX District: 26  LA 71207  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Memo Item				M M / D D / Y Y Y
Candidate Name BURGESS, MICHAEL C., , ,  Office Sought:   Y House Senate President State: TX District: 26  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Memo Item	•	'		FEC Identification Number
Office Sought:  Senate  President  State: TX  District: 26  Disbursement For: 2018  Primary  Other (specify) ▼  Memo Item	contribution  Candidate Name  Category/			
State: TX District: 26	Office Sought:    House  Senate  Disbursen	Primary General	Туре	2700.00
SUBTOTAL of Disbursements This Page (optional)		Otner (specify) ▼		Memo Item
TOTAL This Period (last page this line number only)				7700.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 <b>X</b> 23 26 27 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)  NEXION HEALTH FUND FOR QU			
Full Name (Last, First, Middle Initial)			Data of Diaburaement
Mailing Address PO BOX 23219			Date of Disbursement  O2 23 2017
City JEFFERSON	State Zip Code LA 70183		FEC Identification Number
Purpose of Disbursement contribution	70103		C C00394957  Transaction ID : SB23.6812
Candidate Name SCALISE, STEVE, , ,		Category/ Type	Amount of Each Disbursement this Period
	ement For: 2018 Primary General	туре	1500.00
President State: LA District: 01	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial)  3. TEAM RYAN			Date of Disbursement
Mailing Address 320 1ST ST SE			06 22 2017
City WASHINGTON Purpose of Disbursement	State Zip Code 20003		FEC Identification Number
donation Candidate Name		Category/ Type	Transaction ID : SB23.6817 Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ement For:    Primary	Турс	5000.00
State: District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		FEC Identification Number
Purpose of Disbursement		· · ·	C
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Senate	Primary General		
			Memo Item
Senate President	Primary General Other (specify) ▼		