

RECEIVED FEC MAIL ROOM 2008 JAN 31 A 11:41

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Via overnight delivery

6937 Warfield Avenue Sykesville, MD 21784 January 30, 2008

Federal Election Commission Office of Public Records 999 E Street, NW Washington, DC 20463

Dear Sir or Madam:

Enclosed please find the FEC Form 3X, the Report of Receipts and Disbursementsm, for the Nexion Health Fund for Quality Long Term Care, Inc.

Thank you for your attention to this matter.

Sincerely, Namas

Francis P. Kirley Treasurer

Enclosure

/ JAN-08-1996 ∴23:32		P.02/14
JHN-00-1390 53.35		RECEIVED FEC MAIL ROOM
FEC	REPORT OF RECEIPTS	2008 JAN 31 A 11: 41
FORM 3X	AND DISBURSEMENTS For Other Than An Authorized Committee	
1. NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL. Example: If typing, type OR TYPE OR PRINTY over the lines	Office Use Only
		A second second second second
	<u> </u>	<u>i</u>
ADDRESS (number and street)	1 228 S WASHINGTON STREET SUITE 115	المعلم المعلم المسلم الم
Check if different than previously		
reported. (ACC)		
2. FEC IDENTIFICATION N		STATE A ZIPCODE A
C00434233	3. IS THIS X NEW REPORT (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Feb 20 (M2) May 20 (M Due On:	5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:	Mar 20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Repor	t(Q1) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Repor	t(Q2) (c) 12-Day Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Repor	Report for the: Convention (12C)	Special (12G)
X January 31 X Quarterly Repor		in the State of
July 31 Mid-Yes Report(Non-ele	ction (d) 30-Day :	2 ¹ 11 - 2111
Year Only) (MY Termination Rej	Bonot for the	Runoff (30R) Special (30S)
(TER)	Election on	in the State of
	07 01 2007 through 12	31 2007
5. Covering Period	07;01;2007 through 12	
-	this Report and to the best of my knowledge and belief it is true, Econorie R. Kirley	correct and complete.
Type or Print Name of Treasu	rer Francis P. Kirley	
Signature of Treasurer	tionas Kirley	Date 0) 30 2008
NOTE : Submission of false.	erroneous, or incomplete information may subject the person sign	
Office Use Only		FEC FORM 3X (Rev. 12/2004)
FEGAN025	۵ <u>ــــــــــــــــــــــــــــــــــــ</u>	<u> </u>

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SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
	LONG TERM CARE INC	
Report Covering the Period: From: 0	7 01 2007 T	To: 12 31 2007
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 2007		0.00
(b) Cash on Hand at Begining of Reporting Period	ани и страни и страни и страни и страници и страници и страни и страни и страни и страни и страни и страни и с 170.00 Римпини и страни и с	
(c) Total Receipts (from Line 19)	8524.26	8757.89
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8694.26	8757.89
Total Disbursements (from Line 31)	2443.27	2506.90
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6250.99	6250.99
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0,00	
Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	(a) Cash on Hand January 1 2007 (b) Cash on Hand at Begining of Reporting Period	NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC Report Covering the Period: From: 07 01 2007 1 (a) Cash on Hand January 1 2007 1 COLUMN A This Period 1 (b) Cash on Hand at Begining of Reporting Period 170.00 170.00 (c) Total Receipts (from Line 19) 8524.26 (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 8594.26 Total Disbursements (from Line 31) 2443.27 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) 6250.99 Debts and Obligations owed TO 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

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DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 06/2004)		Page 3
W	Vrite or Type Committee Name NEXION HEALTH FUND FOR QUALITY	Y LONG TERM CARE INC	
Re	leport Covering the Period: From:	7 01 2007 Tr	x 12 31 200
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:		
	(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	6719.49	6719.49
		1804.77	2038.40
	(ii) Uniternized (iii) TOTAL (add		and an and a second
	Lines 11(a)(i) and (ii) 🕨	8524.26	8757.89
	(b) Political Party Committees	0.00 Network and the state of a state of the state	0.00
	 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	1 0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	8524.26	8757.89
	Transfers From Affiliated/Other Party Committees	0.00	0.00
	•		области и на
	All Loans Received	and for a particulation of a set of a set of the set of	na ni synstians er het um straties N
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made		0.00
	to Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
•	Transfers from Non-Federal and Levin Funds	الم	
	(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
).	Total Receipts (add Lines 11(d),	а – щина и стано учирование и развите станова и тако и и и и и и и и и и и и и и и и и и и	······································
	12, 13, 14, 15, 16, 17, and 18(c))	8524.26	8757.89
	Total Federal Receipts (subtract Line 18(c) from Line 19)	8524.26	8757.89

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Page 4

DETAILED SUMMARY PAGE

1 3X (Rev. 02/2003)	of Disbursements
REMENTS	COLUMN A Total This Period
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eral Operating	
(i), (a)(ii) and (b)) 🕨 💧	443.27
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cal Committees	
E)	0.00
U.S.C. 441a(d))	
nts Made	0.00
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arty Committees	0.00
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ection Activity Paid Entirely	0.00
al Election Activity (add	
ı)(i), 30(a)(ii) and 30(b)) [↓] ~~	andersen aller and an and an an an an an an and an
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Disbursements	
21(a)(ii) and Line 30(a)(ii)	
	RSEMENTS Inditures: deral/Non-Federal Don Schedule H4) al Share Rederal Share.

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) III. Net Contributions/Operating Expenditures		or Disbursements	Page 5
		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	8524.26	8757.89
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	8524.26	8757.89
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	443.27	506.90
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expanditures (subtract Line 37 from Line 36)	443.27	506.90

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FEC Schedule A (Form 3X) (Revised 02/2003)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/13 (check only one) 11a X 11a 11b 11c 12 13 14 15
An	y information copied from such Reports an for commercial purposes, other than using	nd Statements may not be sold or used by any the name and address of any political commit	person for the purpose of soliciting contribution tee to solicit contributions from such committee
$\left<\right>$	NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUAL	ITY LONG TERM CARE INC	
/	Full Name (Last, First, Middle Initial) Hollie Adams		Date of Receipt
	Mailing Address 2759 CR 1490		12 31 2007
	City Center	State Zip Code TX 75935	Transaction ID: SA11AI.4178 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	262.35
	Name of Employer Nexion Health	Occupation Administrator	Payroll deduction \$ 23.85 bi-weekly
	Receipt For: Primary General Other (specify) —	Aggregate Year-to-Date ▼ 262.35	
	Full Name (Last, First, Middle Inklal) Emmanuel Akinyami		Date of Receipt
	Mailing Address 4137 Baccarat Drive		12 31 2007
	City Garland	State Zlp Code TX 75043	Transaction ID: SA11AI.4147
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 342.00
	Name of Employer Nexion Health	Occupation Administrator	Payroll deduction \$ 30.19 bi-weekly
	Receipt For: Primary General Other (specify) —	Aggragate Year-to-Date ▼ 342.00	
	Full Name (Last, First, Middle Initial) Brad Barnes	·	Date of Receipt
	Mailing Address 2615 Falcon Knoll		12 31 2007
	City Katy	State Zip Code	Transaction ID: SA11AI.4179 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C.	525.00
	Name of Employer Nexion Heal TH	Occupation Administrator	Payroll deduction \$ 52.5 bi-weakly
	Receipt For: Primary General Other (specify) •	Aggregate Year-to-Date ▼ 525.00	
5	UBTOTAL of Receipts This Page (optiona)	1129.35

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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 7 / 13 (check only one) [X] [X] 11a 11b 11c 12 13 14 15
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUA	Ind Statements may not be sold or used by any g the name and address of any political committee LITY LONG TERM CARE INC	person for the purpose of soliciting contributio
Full Name (Last, First, Middle Initial) Jeffery G. DeMans Mailing Address 920 Avenue G City <u>Marrero</u> FEC ID number of contributing federal political committee.	State Zip Code LA 70072	Date of Receipt 1 2 3 1 2 0 0 7 Transaction ID: SA11AI.4183 Amount of Each Receipt this Period 335.03
Name of Employer Nexion Health Receipt For; Primary General Other (specify) ♥	Occupation Administrator Aggregate Year-to-Date ▼ 335.03	
Full Name (Last, First, Middle Initial) Tonye Ihua-Maduenyi Malling Address 2611 Atrium Drive City	State Zip Code	Date of Receipt 12 31 2007
Grand Prairie	TX 75052	Transaction (D: SA11AI.4181 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	304.99
Name of Employer Nexion Health	Occupation Administrator	Payroll deduction \$ 30.19 bi-weekly
Receipt For: Primary General Other (speckly) —	Aggregate Year-to-Date	
Full Name (Last, First, Middle Initial) Marguerite P. Jenkins Mailing Address 118 2nd Avenue		Date of Receipt
City Reistertown	State Zip Code MD 21136	Transaction ID: SA11AI.4186 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<u>MD 21136</u>	257.50
Name of Employer Nexio∩ Health	Occupation Controller	Payroll deduction \$ 25.75 semi-weakly
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 257.50	
SUBTOTAL of Receipts This Page (option	al)	▶ 897.52

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FEC Schedule A (Form 3X) (Revised 02/2003)

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SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/13 (check only one) X X 11a 11b 11a 11b 11c 13 14 15
Any information copied from such Report or for commercial purposes, other than u	is and Statements may not be sold or used by any pa sing the name and address of any political committee	rson for the purpose of soliciting contribution
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR Q		
Full Name (Last, First, Middle initial) Brian P. Lee	91. J. do	Date of Receipt
Mailing Address 517 Overdale Ro	ad	
City Baltimore	State Zip Code MD 21229	Transaction ID: SA11AI.4118 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer Nexion Health, Inc.	Occupation General Counsel	4
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date V 500.00	-
Full Name (Last, First, Middle Initial)		Date of Respire
Brian P. Lee Mailing Address 517 Overdale Ro	ad .	Date of Receipt 10 22 2007
City Baltimore	State Zip Code MD 21229	Transaction ID: SA11AI.4119 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer Nexion Health, Inc.	Occupation General Counsel	
Receipt For: Primary General Other (specify) $igoplus$	Aggregste Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)	l	Defe of Receive
Michael F. U Mailing Address 12840 S. Kirkwoo #738	bd	Date of Receipt 12 31 2007
City Stafford	State Zip Code TX 77477	Transaction ID: SA11AI.4180 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		292.20
Name of Employer Nexion Health	Occupation LNFA	Payroll deduction \$ 29.22 bi-weekly
Receipt For: Primary General Other (specify) —	Aggregate Year-to-Date ▼ 292.20	
SUBTOTAL of Receipte This Bage (and	ional)	1292.20

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 X 11a 11b 11c 13 14 15 16
or for commercial purposes, other than using	nd Statements may not be sold or used by an g the name and address of any political comm	y person for the purpose of soliciting contribution littlee to solicit contributions from such committee
NAME OF COMMITTEE (IN Full) NEXION HEALTH FUND FOR QUA	LITY LONG TERM CARE INC	
Full Name (Last, First, Middle Initial) Laura Lassia McDowell-Pappas		Date of Receipt
Mailing Address 18716 Falls Road		12 31 2007
City	State Zip Code	Transaction ID: SA11AI.4190
Hampstead	MD 21074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		210.82
Name of Employer Nexion Health, Inc.	Occupation Director, Purchasing & Finance	Payroll deduction \$ 28.69 bi-weekly
Receipt For: Primary General Other (specify) $igoplus$	Aggregate Year-to-Date ▼ 270.82	
Full Name (Last, First, Middle Initial) Koith Mutschler		Date of Receipt
Mailing Address 1778 Brookshire Co	urt	12 31 2007
City	State Zip Code	Transaction ID: SA11AI.4188
Finksburg	<u>MD 21048</u>	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		208.80
Name of Employer Nexion Health	Occupation Treasurer	Payroll deduction \$ 22.88 bi-weekly
Receipt For. Primary General Other (specify) —	Aggregate Year-to-Date ▼ 208.80	*
Full Name (Last, First, Middle Initial) Michael A. Newton		Date of Receipt
Mailing Address 6913 Breezewood T		07 25 2007
City	State Zip Code	Transaction ID: SA11AI-4113
Rockville	MD 20852-4323	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee,	C	1000.00
Name of Employer Hexion Health, Inc.	Occupation Director-Human Resources	
Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (option	al)	1419.62

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CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate so for each catego Detailed Summa	ry of the
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or u the name and address of any polit	used by any person for the purpose of soliciting contribution dical committee to solicit contributions from such committee
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUAL	ITY LONG TERM CARE INC	
Full Name (Last, First, Middle Initial) Nexion Health Management	·	Date of Receipt
Mailing Address 6937 Warfield Avenu	e	07 13 2007
City	State Zip Code	Transaction ID: SA11AI.4157
	<u>MD 21784</u>	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C:	1000.00
Name of Employer	Occupation	Contribution refunded 1/3- 1/08
Receipt For: Primary General Other (specify) •	Aggregate Year-to-Date V	1000.00
Full Name (Last, First, Middle Initial) Merritt L. Robinson		Date of Receipt
Mailing Address 1650 Dunaway Cros	12 31 2007	
City Fairview	State Zip Code TX 75069	Transaction ID: SA11AI.4189
FEC ID number of contributing federal polltical committee.	C	· 480.80
Name of Employer Nexion Health	Occupation RDO	Payroll deduction \$ 48.08 bi-weekly
Receipt For: Primary General Other (specify) V	Aggregate Year-to-Date V	480.80 ·
Full Name (Last, First, Middle Initial) Wellness Concepts		Date of Receipt
Mailing Address 4201 Medical Cente Suite 300	Drive	07 27 2007
City	State Zip Code	Transaction ID: SA11AI.4172
McKinney	TX75069	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Contribution refunded 1/3- 1/08
Receipt For: Primary General Other (specify) —	Aggregate Year-to-Date V	500.00
SUBTOTAL of Receipts This Page (options	 ۱)	1980.80

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SCHEDULE B (FEC Form 3X)			for each	arate schedule(s category of the	. (chack o		only	опе)				AGE	/ 13				
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	TH FUND FOR QU	IALITY LON	NG TER	M CARE INC													
	Full Name (Last, First, Middle Initial) Nachovia Bank									Transaction ID: SB21B.4121 Date of Disbursement 0.8 0.9 2007							
Mailing Address	7 Saint Paul Stre	eet						08	9 1944 ·	0	9	· :	2	00	7		
City Baltimore		Ste M	ate D	Zip Code 21202					unt of E								
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IT	CHEDULE 8 (FEC Form 3) EMIZED DISBURSEMENT	S for each category of th Detailed Summary Pay	i(s) (check o e X 21b je X 27	PAGE 12/13 Imply one) 22 23 24 25 2 28a 28b 28c 29 3
Any or I	for commercial purposes, other than usir NAME OF COMMITTEE (In Full)	g the name and address of any p	olitical committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee
a.	NEXION HEALTH FUND FOR QU/ Full Name (Last, First, Middle Initial) Wachovia Bank			Transaction ID: SB21B.4120 Date of Disbursement
	Mailing Address 7 Saint Paul Stre	et		1 °09 ′ 2007
	City Baltimore Purpose of Disbursement	State Zip Code MD 21202		Amount of Each Disbursement this Perior 72.09
	Bank service charge Candidate Name		Category/ Type	paganting page of the second
	Office Sought: House Senate President State: District:	Disbursement For: Primary Generi Other (specify) ♥	2)	
3.	Full Name (Last, First, Middle Initial) Wachovia Bank			Transaction ID: SB218.4192 Date of Disbursement 12 11 2007
	Mailing Address 7 Saint Paul Stre	et		
	City Baltimore	State Zip Code MD 21202		Amount of Each Disbursement this Period
	Purpose of Disbursement Bank service charge			69.12
	Candidate Name	(*) (*)	Category/ Type	
	Office Sought: House Senate President State: District:	Disbursement For: Primary Gener Other (specify) ▼	al	

1	المراجع والمراجع المسراب المسابد منتقدت والاخرار والاخرار والمراجع
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