



RECEIVED
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2008 JAN 31 A 11:41

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 Disbursements, for the Nexion Health Fund for Quality Long Term Care, Inc.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Francis P. Kirley".

Francis P. Kirley
Treasurer

Enclosure

28039611857

2008 JAN 31 A 11:41

**FEC
FORM 3X**

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

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

000434233

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)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

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

07

01

2007

through

12

31

2007

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

01

30

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.

Office Use Only

FEC FORM 3X
(Rev. 12/2004)

28039611858

**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:

MM	DD	Y Y Y Y
07	01	2007

 To:

MM	DD	Y Y Y Y
12	31	2007

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1	<table border="1"><tr><td>Y</td><td>Y</td></tr><tr><td>2007</td><td></td></tr></table>	Y	Y	2007		0.00
Y	Y					
2007						
(b) Cash on Hand at Begining of Reporting Period	170.00					
(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				
7. Total Disbursements (from Line 31)	2443.27	2506.90				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6250.99	6250.99				
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

28039611859

**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:

MM	DD	YY
07	01	2007

 To:

MM	DD	YY
12	31	2007

28039611860

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	6719.49	6719.49
(i) Itemized (use Schedule A)	1804.77	2038.40
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii))	8524.26	8757.89
(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)	8524.26	8757.89
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))	8524.26	8757.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8524.26	8757.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	443.27	506.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	443.27	506.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
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)).	2443.27	2506.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2443.27	2506.90

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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	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 Expenditures (subtract Line 37 from Line 36)	443.27	506.90

FE6AN028

2001965007

**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

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		Date of Receipt MM / DD / YYYY 12 / 31 / 2007	
Mailing Address 2759 CR 1490		Transaction ID: SA11A1.4178	
City Center	State TX	Zip Code 75935	Amount of Each Receipt this Period 262.35
FEC ID number of contributing federal political committee. C		Payroll deduction \$ 23.85 bi-weekly	
Name of Employer Nexion Health	Occupation Administrator	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 262.35			

B.

Full Name (Last, First, Middle Initial) Emmanuel Akinyemi		Date of Receipt MM / DD / YYYY 12 / 31 / 2007	
Mailing Address 4137 Baccarat Drive		Transaction ID: SA11A1.4147	
City Garland	State TX	Zip Code 75043	Amount of Each Receipt this Period 342.00
FEC ID number of contributing federal political committee. C		Payroll deduction \$ 30.19 bi-weekly	
Name of Employer Nexion Health	Occupation Administrator	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 342.00			

C.

Full Name (Last, First, Middle Initial) Brad Barnes		Date of Receipt MM / DD / YYYY 12 / 31 / 2007	
Mailing Address 2815 Falcon Knoll		Transaction ID: SA11A1.4179	
City Katy	State TX	Zip Code 77494	Amount of Each Receipt this Period 525.00
FEC ID number of contributing federal political committee. C		Payroll deduction \$ 52.5 bi-weekly	
Name of Employer Nexion Health	Occupation Administrator	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 525.00			

SUBTOTAL of Receipts This Page (optional)	1129.35
TOTAL This Period (last page this line number only)	

2803961863

**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) Jeffery G. DeMars		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 920 Avenue G		Transaction ID: SA11AI.4183
City Marrero	State LA	Zip Code 70072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 335.03
Name of Employer Nexion Health	Occupation Administrator	Payroll deduction \$ 30.77 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.03	

B.

Full Name (Last, First, Middle Initial) Tonye Ihua-Maduenyi		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 2611 Atrium Drive		Transaction ID: SA11AI.4181
City Grand Prairie	State TX	Zip Code 75052
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 304.99
Name of Employer Nexion Health	Occupation Administrator	Payroll deduction \$ 30.19 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.99	

C.

Full Name (Last, First, Middle Initial) Marguarite P. Jenkins		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 118 2nd Avenue		Transaction ID: SA11AI.4186
City Reistertown	State MD	Zip Code 21136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 257.50
Name of Employer Nexion Health	Occupation Controller	Payroll deduction \$ 25.75 semi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 257.50	

SUBTOTAL of Receipts This Page (optional)	▶	897.52
TOTAL This Period (last page this line number only)	▶	

28039611864

**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"/>							<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)

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

MM / DD / YYYY
08 / 03 / 2007

Transaction ID: SA11AI.4118

Amount of Each Receipt this Period

500.00

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
10 / 22 / 2007

Transaction ID: SA11AI.4119

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Michael F. U

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 ▼

292.20

Date of Receipt

MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.4180

Amount of Each Receipt this Period

292.20

Payroll deduction \$ 29.22
bi-weekly

SUBTOTAL of Receipts This Page (optional) ▶

1292.20

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

28039611865

**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)
 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 Lassea 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 **270.82**

Date of Receipt
M M / D D / Y Y Y Y
12 31 2007

Transaction ID: SA11AI.4190
Amount of Each Receipt this Period
210.82

Payroll deduction \$ 28.69
bi-weekly

B.

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 **208.80**

Date of Receipt
M M / D D / Y Y Y Y
12 31 2007

Transaction ID: SA11AI.4188
Amount of Each Receipt this Period
208.80

Payroll deduction \$ 22.88
bi-weekly

C.

Full Name (Last, First, Middle Initial)
Michael A. Newton

Mailing Address 6913 Breezewood Terrace

City State Zip Code
Rockville MD 20852-4323

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

Name of Employer Occupation
Hexion Health, Inc. Director-Human Resources

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y
07 25 2007

Transaction ID: SA11AI.4113
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	1419.62
TOTAL This Period (last page this line number only)	

28039611866

**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
<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) Nexion Health Management		Date of Receipt MM / DD / YYYY 07 / 13 / 2007
Mailing Address 6937 Warfield Avenue		Transaction ID: SA11AI.4157
City Sykesville	State MD	Zip Code 21784
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution refunded 1/3-1/08
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Merritt L. Robinson		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 1650 Dunaway Crossing		Transaction ID: SA11AI.4189
City Fairview	State TX	Zip Code 75069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 480.80
Name of Employer Nexion Health	Occupation RDO	Payroll deduction \$ 48.08 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.80	

C.

Full Name (Last, First, Middle Initial) Wellness Concepts		Date of Receipt MM / DD / YYYY 07 / 27 / 2007
Mailing Address 4201 Medical Center Drive Suite 300		Transaction ID: SA11AI.4172
City McKinney	State TX	Zip Code 75069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Contribution refunded 1/3-1/08
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1980.80
TOTAL This Period (last page this line number only)	▶	6719.49

28039611867

**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)

PAGE 11 / 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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) Wachovia Bank	Transaction ID: SB21B.4121 Date of Disbursement 08 / 09 / 2007
	Mailing Address 7 Saint Paul Street	Amount of Each Disbursement this Period 86.01
	City Baltimore State MD Zip Code 21202	
	Purpose of Disbursement Bank service charge Candidate Name	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	Category/Type
B.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: SB21B.4122 Date of Disbursement 09 / 12 / 2007
	Mailing Address 7 Saint Paul Street	Amount of Each Disbursement this Period 69.41
	City Baltimore State MD Zip Code 21202	
	Purpose of Disbursement Bank service charge Candidate Name	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	Category/Type
C.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: SB21B.4123 Date of Disbursement 10 / 10 / 2007
	Mailing Address 7 Saint Paul Street	Amount of Each Disbursement this Period 71.34
	City Baltimore State MD Zip Code 21202	
	Purpose of Disbursement Bank service charge Candidate Name	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

226.76

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

28039611868

**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)

PAGE 12 / 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) Wachovia Bank	Transaction ID: SB21B.4120 Date of Disbursement 11 / 09 / 2007
	Mailing Address 7 Saint Paul Street	Amount of Each Disbursement this Period 72.09
	City Baltimore State MD Zip Code 21202	
	Purpose of Disbursement Bank service charge	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: SB21B.4192 Date of Disbursement 12 / 11 / 2007
	Mailing Address 7 Saint Paul Street	Amount of Each Disbursement this Period 69.12
	City Baltimore State MD Zip Code 21202	
	Purpose of Disbursement Bank service charge	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

28039611869

SUBTOTAL of Disbursements This Page (optional)	141.21
TOTAL This Period (last page this line number only)	367.97

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)

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<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)
FRIENDS OF MAX BAUCUS

Mailing Address PO BOX 586

City HELENA State MT Zip Code 59624

Purpose of Disbursement
Contribution

Candidate Name
MAX BAUCUS

Category/
Type

Office Sought: House
 Senate
 President
State: MT District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4125
Date of Disbursement

09 / 14 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00

28039611870

Federal Election Commission
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Overnight Delivery Service (Specify): *LUPS* Shipping Date
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