Image# 12951402914 PAGE 1 / 14

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORW 3X	For Other Than An A	Authorized Comn	ittee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If over the line		12FE4M5	
NEXION HEALTH FU	JND FOR QUALITY	LONG TERM	CARE INC		
ADDRESS (number and street)	228 S WASHINGTON S	STREET SUITE 115			
Check if different					
than previously reported. (ACC)	ALEXANDRIA			VA [22314
2. FEC IDENTIFICATION N	IUMBER ▼	CITY ▲		STATE 	ZIP CODE A
C C00434233	3	B. IS THIS REPORT	NEW (N) OR	AN (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Buc on.	Mar 20 (M3)	Jun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report	(Q1)	Apr 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
July 15 Quarterly Report	(C) 12-Day PRE-Election			General	
October 15 Quarterly Report	Report for the	e: Conventi	on (12C)	Special (12S)
January 31 Year-End Report	(YE) EI	ection on	/ D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-elect Year Only) (MY)	ion (d) 30-Day POST-Electic Report for th		30G)	Runoff (3	0R) Special (30S)
Termination Repo	rt	ection on	/ D = D /	Y = Y = Y = Y	in the State of
5. Covering Period	01 01 20	12 throug	h 03	31	2012
I certify that I have examined	this Report and to the bes	st of my knowledge a	nd belief it is tru	ie, correct and	complete.
Type or Print Name of Treasur	rer Francis P. Kirley				
Signature of Treasurer Fra	uncis P. Kirley	[Electron	cally Filed]	Pate 04	/ 12 / Y Y Y Y Y 2012
NOTE: Submission of false, erro	neous, or incomplete inform	nation may subject the	person signing th	nis Report to th	ne penalties of 2 U.S.C. §437g.
Office Use					FEC FORM 3X Rev. 12/2004
Only			I	1	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a	Cash on Hand January 1, 2012		47509.08
(b	Cash on Hand at Beginning of Reporting Period	47509.08	
(c)	Total Receipts (from Line 19)	17025.22	17025.2
(d	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	64534.30	64534.30
То	tal Disbursements (from Line 31)	15000.00	15000.00
Re	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	49534.30	49534.30
th	ebts and Obligations Owed TO e Committee (Itemize all on chedule C and/or Schedule D)	0.00	
th	ebts and Obligations Owed BY e Committee (Itemize all on ehedule C and/or Schedule D)	0.00	

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)

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Report Covering the Period: From: 01	01 2012	To: 03 / 31 / 2012
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	8622.05	8622.05
(i) iternized (use Schedule A)		
(ii) Unitemized	8403.17	8403.17
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	17025.22	17025.22
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines	7	
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	17025.22	17025.22
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
F		
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	,	,
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds	3.00	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
_		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	17025.22	17025.22
0. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	17025.22	17025.22

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
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calcillati Teal-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
400 A A. A. A.	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	15000.00	15000.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use solieulie r)	7	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
Ī		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
-		
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) I cociai chare		7 7
(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
Total Dishamananta (all line and a control of		
Total Disbursements (add Lines 21(c), 22,	45000.00	1800000
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15000.00	15000.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	15000.00	15000.00

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	17025.22	17025.22
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17025.22	17025.22
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

FO	PAGE		6	OF		14				
(ch	(check only one)									
>	1 1a		11b		11c		12			
	13		14		15		16	;		17

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.				
/	R QUALITY LONG TERM CARE IN	С				
Full Name (Last, First, Middle Initial) A. Hollie Adams						
Mailing Address 2759 CR 1490	Mailing Address 2759 CR 1490					
City	State Zip Code	03 31 2012 Transaction ID : SA11AI.5552				
Center	TX 75935	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	224.14 payroll deduction \$ 32.02 bi-weekly				
Name of Employer Nexion Health	Occupation Administrator	- payroli deduction \$ 32.02 bi-weekly				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General Other (specify) ▼	224.14					
Full Name (Last, First, Middle Initial) 3. Brad Barnes	<u>'</u>	Date of Receipt				
Mailing Address 2615 Falcon Knoll	03 31 _2012 _					
City	State Zip Code	Transaction ID : SA11AI.5554				
Katy	TX 77494	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	717.40				
Name of Employer Nexion Health	Occupation	payroll deduction \$ 57.90 bi-weekly				
	Administrator					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 717.40					
Full Name (Last, First, Middle Initial) Marilyn Berg		Date of Receipt				
Mailing Address 314 Stephenson Street		02 03 2012				
City	State Zip Code	Transaction ID : SA11AI.5606				
Shreveport	LA 71104	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer	Occupation	1				
Nexion Health	Business Office Manager					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1000.00					
SUBTOTAL of Receipts This Page (optional)	····	1941.54				
TOTAL This Period (last page this line numb	per only)					

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

FOR LINE NUMBER:						PAGE	:	7	OF		14	
	(check only one)											
		X	11a		11b		11c		12			
			13		14		15		16	;		17

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FO	R QUALITY LONG TERM CARE IN	C
Full Name (Last, First, Middle Initial) Sherri Clark Mailing Address B.O. Bay 933		Date of Receipt
Mailing Address P.O. Box 933		03 31 2012
City Quitman	State Zip Code TX 75783	Transaction ID : SA11AI.5559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	311.58
Name of Employer Nexion Health	Occupation RDO	payroll deduction \$ 51.93 bi-weekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 311.58	
Full Name (Last, First, Middle Initial) Pam Fenn Mailing Address 17 Timberline Drive	·	Date of Receipt
City	State Zip Code	02 29 2012 Transaction ID : SA11AI.5621
Trophy Club FEC ID number of contributing federal political committee.	TX 76262	Amount of Each Receipt this Period 500.00
Name of Employer Nexion Health	Occupation Administrator-McKinney	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Scott A. Franklin		Date of Receipt
Mailing Address 62 County Road 2005		03 12 2012
City Clarksville	State Zip Code TX 75426	Transaction ID : SA11AI.5635 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Nexion Health	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l)	1311.58
TOTAL This Period (last page this line num	ber only)	

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

	R LINE	PAGE	=	8	OF	14			
(check only one)									
>	1 1a		11b		11c		12	2	
	13		14		15		16	6	17

or 1	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle		QUALITY LONG TERM CARE INC	;
۱.	Full Name (Last, First, Middle Initial) Alan L. Graham		Date of Receipt
	Mailing Address 182 Westridge Drive		03 09 2012
	City	State Zip Code	Transaction ID : SA11AI.5632
-	Huntsville	TX 77340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
Ī	Name of Employer	Occupation	
	Nexion Health	Administrator	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	500.00	
	Full Name (Last, First, Middle Initial) Tammy Hendrickson		Date of Receipt
	Mailing Address 11959 Highway 120	03 28 2012	
	City Marthauille	State Zip Code LA 71450	Transaction ID : SA11AI.5641
-	Marthaville	LA 71450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Nexion Health	Occupation	
	Receipt For:	Administrator	
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	500.00	
).	Full Name (Last, First, Middle Initial) Margaret Hodgson		Date of Receipt
	Mailing Address 509 E. Fannin		01 06 2012
	City DeKalb	State Zip Code TX 75559	Transaction ID : SA11AI.5584
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Ī	Name of Employer	Occupation	
	Nexion Omaha	Administrator	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
SI	JBTOTAL of Receipts This Page (optional)	>	1500.00
TC	OTAL This Period (last page this line number of	nly)	

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

FOR LINE	NUMBER	: PAG	E 9 OF	14			
(check only one)							
X 11a	11b	11c	12				
13	14	15	16	17			

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 FO	R QUALITY LONG TERM CARE IN	С
Full Name (Last, First, Middle Initial) Denise Honnoll Mailing Address 14971 SH 154E		Date of Receipt
City	State Zip Code	03 31 2012 Transaction ID : SA11AI.5562
Diana FEC ID number of contributing federal political committee.	TX 75640	Amount of Each Receipt this Period 212.22
Name of Employer Nexion Health Receipt For:	Occupation Regional Clinical Specialist Aggregate Year-to-Date ▼	payroll deduction \$ 35.37 bi-weekly
Primary General Other (specify) ▼	212.22	
Full Name (Last, First, Middle Initial) Lemapu A. Lemanua Mailing Address 816 Azalea Trail #3		Date of Receipt 03 28 2012
City Waxahachie	State Zip Code TX 75165	Transaction ID : SA11AI.5642 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	339.05
Name of Employer Nexion Health	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 509.05	
Full Name (Last, First, Middle Initial) Shari Richey	'	Date of Receipt
Mailing Address 1600 1/2 Webb Street	Ohada Zin Oada	02 29 2012
City Henderson	State Zip Code TX 75654	Transaction ID : SA11AI.5659 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	675.00
Name of Employer Nexion Health	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	
SUBTOTAL of Receipts This Page (optional	1)	1226.27
TOTAL This Period (last page this line num	ber only)	

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

I TOTT LINE HOMBET			PAGE	 10	OF	14	
(ch	neck only	one)					
>	K 11a	11b		11c	12		
ΙΓ	13	14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR	R QUALITY LONG TERM CARE IN	IC
Full Name (Last, First, Middle Initial) Shari Richey		Date of Receipt
Mailing Address 1600 1/2 Webb Street		03 31 2012
City	State Zip Code	Transaction ID : SA11AI.5555
Henderson	TX 75654	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	175.00
Name of Employer	Occupation	payroll deduction \$ 25 bi-weekly
Nexion Health	Administrator	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	850.00	
Full Name (Last, First, Middle Initial) 3. Meera Riner		Date of Receipt
Mailing Address 513 Hillside Drive		03 24 2012
City	State Zip Code	Transaction ID : SA11AI.5557
Auburndale	FL 33823	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	706.14
Name of Employer	Occupation	payroll deduction \$ 117.69 bi-weekly
Nexion Health	Vice-President for Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 706.14	
Full Name (Last, First, Middle Initial) Truman W. Smith		Date of Receipt
Mailing Address P.O. Box 1468		03 02 2012
City Gladewater	State Zip Code TX 75417	Transaction ID : SA11AI.5629 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	435.00
Name of Employer	Occupation	-
Nexion Health	Administrator	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	435.00	
SUBTOTAL of Receipts This Page (optional)		1316.14
TOTAL This Period (last page this line numb	er only)	

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

			PAGE	 11	OF	14		
l '	ck only	or	ıe)					
X	11a		11b		11c	12		
	13		14		15	16	;	17

ΟI	to commercial purposes, other than using the	name and address of any political committee to	Solicit Contributions from Such Confiffittee.
\rangle	NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR O	QUALITY LONG TERM CARE INC	
١.	Full Name (Last, First, Middle Initial) Jennifer L. Swim Mailing Address 6354 Chickamauga Trail		Date of Receipt 02 03 2012
	City Shreveport FEC ID number of contributing federal political committee. Name of Employer Nexion Vivian Receipt For: Primary General	State Zip Code LA 71107 C Occupation Administrator Aggregate Year-to-Date ▼	Transaction ID : SA11Al.5607 Amount of Each Receipt this Period 1000.00
3.	Full Name (Last, First, Middle Initial) Jennifer L. Swim Mailing Address 6354 Chickamauga Trail City Shreveport FEC ID number of contributing federal political committee. Name of Employer Nexion Vivian Receipt For: Primary General Other (specify)	State Zip Code LA 71107 C Occupation Administrator Aggregate Year-to-Date ▼ 1326.52	Date of Receipt M M M / D J J 2012 Transaction ID: SA11AI.5556 Amount of Each Receipt this Period 326.52 payroll deduction \$ 26.92 bi-weekly
D.	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period
S	UBTOTAL of Receipts This Page (optional)	<u> </u>	1326.52
T	OTAL This Period (last page this line number of	nly)	8622.05

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 12 OF 14
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Sta	tements may not be sold or us		
or for commercial purposes, other than using the r			
NAME OF COMMITTEE (In Full)			
$ \; angle$ NEXION HEALTH FUND FOR Q	UALITY LONG TERM	I CARE IN	C
Full Name (Last, First, Middle Initial)		1	
A. AMERICAN HEALTH CARE ASSOCIAT	ON POLITICAL ACTION C	OMMITTEE	Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 1201 L STREET, NW			03 06 2012
City	State Zip Code		
WASHINGTON	DC 20005		Transaction ID : SB23.5579
Purpose of Disbursement contribution			
Candidate Name			Amount of Each Disbursement this Period
Canuluale Iname		Category/ Type	5000.00
Office Sought: House Disbur	sement For:	i ype	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) B. BEN CARDIN FOR SENATE			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address P.O. BOX 21093			03 29 2012
City	State Zip Code		Transaction ID : SB23.5583
CATONSVILLE Purpose of Disbursement	MD 21228		
contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
BENJAMIN L CARDIN		Туре	1000.00
Office Sought: House Disbur	sement For: 2012 Primary X General		
President	Other (specify)		
State: MD District: 03			
Full Name (Last, First, Middle Initial)			
C. CASTRO FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 544			03 19 2012
City	State Zip Code		Transaction ID : SB23.5582
SAN ANTONIO Purpose of Disbursement	TX 78292		
contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
JOAQUIN CASTRO		Type	1000.00
Office Sought: House Disbur	sement For: 2012 Primary General		
President	Other (specify)		
State: TX District: 20			
		'	
SUBTOTAL of Disbursements This Page (optional	l)	·········	7000.00
TOTAL This Period (last page this line number or			

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 13 OF 14
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and State	ments may not be sold or us		
or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
$ \; angle$ NEXION HEALTH FUND FOR QU	ALITY LONG TERM	CARE INC	
Full Name (Last, First, Middle Initial)		·	
A. LANGEVIN FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 181A KNIGHT STREET			02 29 2012
City	State Zip Code		
WARWICK	RI 02886		Transaction ID: SB23.5578
Purpose of Disbursement			
contribution			Amount of Each Disbursement this Period
Candidate Name JAMES R LANGEVIN		Category/	1000.00
	ment For: 2012	Туре	7
Senate Seasons	Primary General		
President	Other (specify) ▼		
State: RI District: 02			
Full Name (Last, First, Middle Initial)			Data of Diaburasment
B. MANCHIN FOR WEST VIRGINIA			Date of Disbursement
Mailing Address PO BOX 5202			02 02 _ 2012 _
City	State Zip Code		Transaction ID : SB23.5570
CHARLESTON Purpose of Disbursement	WV 25361		
contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
JOE MANCHIN III		Type	2500.00
	ment For: 2012 Primary General		
President	Other (specify)		
State: WV District: 00	₹		
Full Name (Last, First, Middle Initial)			
C. SEARCHLIGHT LEADERSHIP FU	IND		Date of Disbursement
Mailing Address 700 13TH STREET NW			02 06 2012
SUITE 600			02 00 2012
City	State Zip Code		Transaction ID : SB23.5572
WASHINGTON Purpose of Dishursement	DC 20005		
Purpose of Disbursement contribution		Amount of Each Dichurage at this David	
Candidate Name		Category/	Amount of Each Disbursement this Period
		Type	2500.00
	ment For:		
Senate President	Primary General		
State: District:	Other (specify) ▼		
District.			
SUBTOTAL of Disbursements This Page (optional).			6000.00
<u> </u>			
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X)	Harris I I I I I I I I I I I I I I I I I I I	FOR LINE I	NUMBER: PAGE 14 OF 1		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 💢 23 🔲 24 🔲 25 🦳 2		
	Detailed Summary Page	27	28a 28b 28c 29		
Any information copied from such Reports and States or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)	and address of any points	.a. commutee to	conon commountons nom such committee.		
NEXION HEALTH FUND FOR QU	ALITY LONG TERM	CARE INC			
Full Name (Last, First, Middle Initial)	0014147777		Date of Dishursomert		
A. TED DEUTCH FOR CONGRESS	COMMITTEE		Date of Disbursement		
Mailing Address 1050 17TH ST, NW, STE 590			02 29 2012		
	State Zip Code DC 20036		Transaction ID : SB23.5575		
WASHINGTON Purpose of Disbursement	DC 20036				
contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/	1000.00		
THEODORE ELIOT DEUTCH Office Sought: House Disburse	ment For: 2012	Туре	1000.00		
Senate Stugitt.	Primary General				
President	Other (specify) ▼				
State: FL District: 19 Full Name (Last First Middle Initial)					
Full Name (Last, First, Middle Initial) B. WALDEN FOR CONGRESS			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address PO BOX 1091			01 21 2012		
City HOOD RIVER	State Zip Code OR 97031		Transaction ID : SB23.5567		
Purpose of Disbursement	0.001				
contribution Candidate Name			Amount of Each Disbursement this Period		
GREGORY P. WALDEN		Category/ Type	1000.00		
Office Sought: House Disburse	ment For: 2012	. 7 6 4			
	Primary General				
President State: OR District: 02	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C.			Date of Disbursement		
Mailing Address			M M / D D / Y Y Y Y		
	Mailing Address				
City	State Zip Code				
Purpose of Disbursement	Purpose of Disbursement				
Out the same		Amount of Each Disbursement this Period			
Candidate Name		Category/ Type			
Office Sought: House Disburse	ment For:	rype			
Senate	Primary General				
President District:	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)			2000.00		
			4500000		
TOTAL This Period (last page this line number only)		15000.00		