FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT ▼** — Example: If typing, type over the lines. 12FE4M5

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 ▼** C C00434233

CITY ▲ | STATE ▲ | ZIP CODE ▲

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 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day **POST**-Election Report for the: ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on 11 / 08 / 2022 in the State of

5. Covering Period 10 / 01 / 2022 through 11 / 28 / 2022

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: Kirley, Francis P., , ,

Signature of Treasurer: *Kirley, Francis P., , ,* ***[Electronically Filed]*** Date: 12 / 01 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Report Covering the Period: From: 10/01/2022 To: 11/28/2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2022		19703.12
(b) Cash on Hand at Beginning of Reporting Period	26541.06	
(c) Total Receipts (from Line 19)	9047.36	62719.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	35588.42	82422.42
7. Total Disbursements (from Line 31)	0.00	46834.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35588.42	35588.42
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

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

Report Covering the Period: From: 10/01/2022 To: 11/28/2022

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5251.36	29794.23
(ii) Unitemized	3796.00	32925.07
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	9047.36	62719.30
(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) ▶	9047.36	62719.30
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 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)) ▶	9047.36	62719.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	9047.36	62719.30

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	36000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations)	0.00	10834.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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))	0.00	46834.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	0.00	46834.00

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)	9047.36	62719.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9047.36	62719.30
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

Image# 202212019547080922

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 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 to solicit contributions from such committee.

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Clayton, Denise L., , ,

Mailing Address 335 Horseshoe Drive

City: Many | State: LA | Zip Code: 71449

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Nexion Health
Occupation (for Individual): Administrator-Many

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 26 / 2022
Transaction ID : SA11AI.8061

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Daniels, Lisimba, , ,

Mailing Address 1803 Jane Street

City: New Iberia | State: LA | Zip Code: 70563

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Nexion Health
Occupation (for Individual): Administrator-New Iberia

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 22 / 2022
Transaction ID : SA11AI.8038

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kirkland, Stacy, , ,

Mailing Address 509 Carol Road

City: Morgan City | State: LA | Zip Code: 70380

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Nexion Health
Occupation (for Individual): Administrator-Maison Jardin

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 578.00

Date of Receipt: 10 / 26 / 2022
Transaction ID : SA11AI.8064

Amount of Each Receipt this Period: 578.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1578.00

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

Image# 202212019547080923

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)
☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name
Munoz, Anna Lisa, , ,

Mailing Address P.O. Box 81349

City: Corpus Christi | State: TX | Zip Code: 78468

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Nexion Health
Occupation (for Individual): Administrator-Gulf Shores

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 3265.00

Date of Receipt: 10 / 26 / 2022
Transaction ID : SA11AI.8066

Amount of Each Receipt this Period: 1107.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Newcomb, Jennie L., , ,

Mailing Address 506 Tucker Road

City: Vicksburg | State: MS | Zip Code: 39183

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Nexion Health
Occupation (for Individual): Administrator-The Bluffs

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 640.00

Date of Receipt: 10 / 26 / 2022
Transaction ID : SA11AI.8065

Amount of Each Receipt this Period: 640.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Newcomb, Jennie L., , ,

Mailing Address 506 Tucker Road

City: Vicksburg | State: MS | Zip Code: 39183

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Nexion Health
Occupation (for Individual): Administrator-The Bluffs

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 838.00

Date of Receipt: 11 / 22 / 2022
Transaction ID : SA11AI.8041

Amount of Each Receipt this Period: 198.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1945.00

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

Image# 202212019547080924

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 8 OF 9

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, Sheryl, , ,

Mailing Address 9777 FM 226

City: Nacogdoches | State: TX | Zip Code: 75961

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Nexion Health
Occupation (for Individual): Assistant Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 800.00

Date of Receipt: 10 / 26 / 2022
Transaction ID : SA11AI.8056

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Walker, Penny, , ,

Mailing Address 107 East Ross

City: Waxahachie | State: TX | Zip Code: 75165

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Nexion Health
Occupation (for Individual): Dietician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 770.55

Date of Receipt: 11 / 28 / 2022
Transaction ID : SA11AI.8036

Amount of Each Receipt this Period: 128.36

☐ Memo Item

payroll deduction $ 32.09 bi-weekly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weaver, Christopher L., , ,

Mailing Address 143 Edgewood Boulevard

City: Oxford | State: MS | Zip Code: 38655

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Nexion Health
Occupation (for Individual): Administrator-Holly Springs

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 10 / 26 / 2022
Transaction ID : SA11AI.8060

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 928.36

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

Image# 202212019547080925

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 9 OF 9

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name
Weaver, Christopher L., , ,

Mailing Address 143 Edgewood Boulevard

City: Oxford | State: MS | Zip Code: 38655

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Nexion Health
Occupation (for Individual): Administrator-Holly Springs

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 11 / 22 / 2022
Transaction ID : SA11AI.8039

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weaver, Marva, , ,

Mailing Address 428 St. Andrews Drive

City: Allen | State: TX | Zip Code: 75002

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Nexion Health
Occupation (for Individual): Administrator-Ridgecrest

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 26 / 2022
Transaction ID : SA11AI.8062

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

TOTAL This Period (last page this line number only) ▶ 5251.36