

# 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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00434233** 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)  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 (12S)  
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  /  /  2022 through  /  /  2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Kirley, Francis P., , ,  
Type or Print Name of Treasurer

Signature of Treasurer Kirley, Francis P., , , [Electronically Filed] Date  /  /  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.

**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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		19703.12
(b) Cash on Hand at Beginning of Reporting Period.....	19703.12	
(c) Total Receipts (from Line 19) .....	11271.76	11271.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	30974.88	30974.88
7. Total Disbursements (from Line 31).....	7700.00	7700.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	23274.88	23274.88
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Report Covering the Period: From: 01 / 01 / 2022 To: 03 / 31 / 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).....	5847.02	5847.02
(ii) Unitemized .....	5424.74	5424.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11271.76	11271.76
(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) .....	11271.76	11271.76
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)).....▶	11271.76	11271.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11271.76	11271.76

**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.....	7700.00	7700.00
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	0.00
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)) ..	7700.00	7700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7700.00	7700.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11271.76	11271.76
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11271.76	11271.76
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

**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 6 OF 9
<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. McQueary, Jennifer Lynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 825 Sky Creek Court  
 City Saginaw State TX Zip Code 76179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Renaissance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 07 / 2022  
**Transaction ID : SA11AI.7753**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. McQueary, Jennifer Lynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 825 Sky Creek Court  
 City Saginaw State TX Zip Code 76179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Renaissance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 16 / 2022  
**Transaction ID : SA11AI.7752**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Myles, Rebecca R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 120  
 City Minden State LA Zip Code 70158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Pierrepoint  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 09 / 2022  
**Transaction ID : SA11AI.7754**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 7 OF 9
<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. Sweeney, Philip, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Davis Boulevard  
 City Jefferson State LA Zip Code 70121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health, Inc. Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 15 / 2022  
**Transaction ID : SA11AI.7750**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Taylor, Kiara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 419 S. Cockrell Hill Road  
 City Duncanville State TX Zip Code 75116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Duncanville  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 03 / 2022  
**Transaction ID : SA11AI.7766**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**C. Walker, Penny, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 205.02

Date of Receipt 03 / 31 / 2022  
**Transaction ID : SA11AI.7746**  
 Amount of Each Receipt this Period 205.02  
 Memo Item  
 payroll deduction \$ 31.46 bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2705.02
<b>TOTAL</b> This Period (last page this line number only).....	

**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
<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. Williams, Cametricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Mourning Dove  
 City Navasota State TX Zip Code 77868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Huntsville  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2022  
**Transaction ID : SA11A1.7751**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Williams, Michael A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 42  
 City La Ward State TX Zip Code 77970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nexion Health Occupation (for Individual) Administrator-Arbor Hills  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 642.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2022  
**Transaction ID : SA11A1.7764**  
 Amount of Each Receipt this Period  
 642.00  
 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 M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1142.00
<b>TOTAL</b> This Period (last page this line number only).....	5847.02



**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. JOHN KENNEDY FOR US**

Full Name (Last, First, Middle Initial)

Mailing Address 2900 CLEARVIEW PKWY  
SUITE 206

City METAIRIE State LA Zip Code 70006

Purpose of Disbursement contribution

Candidate Name KENNEDY, JOHN NEELY, , ,

Office Sought:  House  Senate  President Disbursement For: 2022  Primary  General  Other (specify) ▼

State: LA District: 00

Date of Disbursement 03 / 09 / 2022

FEC Identification Number C C00608398  
Transaction ID : SB23.7749  
Amount of Each Disbursement this Period 5000.00

Memo Item

**B. TROY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 50730

City NEW ORLEANS State LA Zip Code 70150

Purpose of Disbursement contribution

Candidate Name CARTER, TROY 'C', , ,

Office Sought:  House  Senate  President Disbursement For: 2022  Primary  General  Other (specify)

State: LA District: 02

Date of Disbursement 03 / 24 / 2022

FEC Identification Number C C00763649  
Transaction ID : SB23.7808  
Amount of Each Disbursement this Period 2700.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7700.00