

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** 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 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 01 01 2010 through 03 31 2010

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 Electronically Filed by Francis P. Kirley Date 04 15 2010

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									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		42294.96
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	42294.96									
(c) Total Receipts (from Line 19)	17627.65	17627.65								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	59922.61	59922.61								
7. Total Disbursements (from Line 31)	5000.00	5000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54922.61	54922.61								
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

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: To:

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)	13298.56	13298.56
(ii) Unitemized	4329.09	4329.09
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17627.65	17627.65
(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)	17627.65	17627.65
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))	17627.65	17627.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17627.65	17627.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	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.....	5000.00	5000.00
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))..	5000.00	5000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	5000.00

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	17627.65	17627.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17627.65	17627.65
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: PAGE 6 / 15
(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

Mailing Address 2759 CR 1490

City State Zip Code
Center TX 75935

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

Name of Employer Occupation
Nexion Health Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 354.68

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: SA11AI.4872

Amount of Each Receipt this Period
354.68

payroll deduction \$ 30.78
bi-weekly

B.

Full Name (Last, First, Middle Initial)
Brad Barnes

Mailing Address 2615 Falcon Knoll

City State Zip Code
Katy TX 77494

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

Name of Employer Occupation
Nexion Health Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 334.08

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: SA11AI.4873

Amount of Each Receipt this Period
334.08

payroll deduction \$ 55.68
bi-weekly

C.

Full Name (Last, First, Middle Initial)
Bretton J. Bolt

Mailing Address 1704 Lake Forest Road

City State Zip Code
Finksburg MD 21048

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

Name of Employer Occupation
Nexion Health EVP & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2754.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: SA11AI.4861

Amount of Each Receipt this Period
354.00

payroll deduction \$ 59 bi-weekly

SUBTOTAL of Receipts This Page (optional) ► **1042.76**

TOTAL 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: PAGE 7 / 15

(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)
Ruth Brown

Mailing Address P.O. Box 16

City State Zip Code
Bogata TX 75417

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

Name of Employer Occupation
Nexion Health Health care administrator

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.4927

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Sherri Clark

Mailing Address P.O. Box 933

City State Zip Code
Quitman TX 75783

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

Name of Employer Occupation
Nexion Health RDO

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 416.52

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4862

Amount of Each Receipt this Period
416.52

payroll deduction \$ 49.92
bi-weekly

C.

Full Name (Last, First, Middle Initial)
Beverly Hagood

Mailing Address 1606 Memorial

City State Zip Code
Mt. Pleasant TX 75455

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

Name of Employer Occupation
Nexion Mt. Pleasant Administrator

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.4953

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1416.52

TOTAL 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: PAGE 8 / 15
(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)
Merrilee F. Hawk

Mailing Address 5728 Pebble Ridge Drive

City State Zip Code
McKinney TX 75070

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

Name of Employer Occupation
Nexion Health Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.17

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: SA11AI.4874

Amount of Each Receipt this Period
320.17

payroll deduction \$ 46.02
bi-weekly

B. Full Name (Last, First, Middle Initial)
Margaret Hodgson

Mailing Address 509 E. Fannin

City State Zip Code
DeKalb TX 75559

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

Name of Employer Occupation
Nexion Omaha Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: SA11AI.4904

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Denise Honnoll

Mailing Address 14971 SH 154E

City State Zip Code
Diana TX 75640

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

Name of Employer Occupation
Nexion Health Regional Clinical Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.58

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: SA11AI.4864

Amount of Each Receipt this Period
266.58

payroll deduction \$ 34.68
bi-weekly

SUBTOTAL of Receipts This Page (optional) ► **1086.75**

TOTAL 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: PAGE 9 / 15
(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)
Marguerite P. Jenkins

Mailing Address 118 2nd Avenue

City State Zip Code
Reistertown MD 21136

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Nexion Health Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 246.42

Date of Receipt 03 / 31 / 2010

Transaction ID: SA11AI.4865

Amount of Each Receipt this Period 246.42

payroll deduction \$ 28.99 bi-weekly

B.

Full Name (Last, First, Middle Initial)
KB Hospice of Louisiana, LLC

Mailing Address P.O. Box 1191

City State Zip Code
Eldersburg MD 21784

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 17 / 2010

Transaction ID: SA11AI.4929

Amount of Each Receipt this Period 5000.00

Member attribution follows

C.

Full Name (Last, First, Middle Initial)
Bretton J. Bolt

Mailing Address 1704 Lake Forest Road

City State Zip Code
Finksburg MD 21048

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Nexion Health EVP & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 02 / 17 / 2010

Transaction ID: SA11AI.4929.0

Amount of Each Receipt this Period 2400.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) 5246.42

TOTAL 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: PAGE 10 / 15
(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
							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)
Francis P. Kirley

Mailing Address 6937 Warfield Avenue

City State Zip Code
Sykesville MD 21784

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

Name of Employer Occupation
Nexion Health President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2010

Transaction ID: SA11AI.4929.1

Amount of Each Receipt this Period
2400.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Laura Lassie 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 ▼ 237.14

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: SA11AI.4867

Amount of Each Receipt this Period
237.14

payroll deduction \$ 30.58
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
Nexion Health, Inc. Director-Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2010

Transaction ID: SA11AI.4950

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **737.14**

TOTAL 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 11 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Patsy Ray	Date of Receipt MM / DD / YYYY 02 / 23 / 2010
	Mailing Address 6 Vaughn Drive	Transaction ID: SA11AI.4949
	City State Zip Code Denison TX 75020	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Nexion Sherman Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Shari Richey	Date of Receipt MM / DD / YYYY 03 / 23 / 2010
	Mailing Address 1600 1/2 Webb Street	Transaction ID: SA11AI.4899
	City State Zip Code Henderson TX 75654	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Nexion Health Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Shari Richey	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 1600 1/2 Webb Street	Transaction ID: SA11AI.4871
	City State Zip Code Henderson TX 75654	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Nexion Health Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	1150.00
TOTAL 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: PAGE 12 / 15
(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)
Meera Riner

Mailing Address 513 Hillside Drive

City State Zip Code
Auburndale FL 33823

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

Name of Employer Occupation
Nexion Health Vice-President for Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1188.37

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: SA11AI.4869

Amount of Each Receipt this Period
988.37

payroll deduction \$ 117.69
bi-weekly

B. Full Name (Last, First, Middle Initial)
Candice M. Rogers

Mailing Address 15433 Green Trails Boulevard

City State Zip Code
Baton Rouge LA 70817

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

Name of Employer Occupation
Nexion Gonzales Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: SA11AI.4947

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Tara Schmieg

Mailing Address 2117 Ridgecliff Drive

City State Zip Code
Keller TX 76248

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

Name of Employer Occupation
Nexion Renfro Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 408.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2010

Transaction ID: SA11AI.4889

Amount of Each Receipt this Period
408.00

SUBTOTAL of Receipts This Page (optional) ► **1896.37**

TOTAL 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: PAGE 13 / 15
(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) Jennie F. Soukup		Date of Receipt MM / DD / YYYY 03 / 23 / 2010	
Mailing Address 9036 Fringewood Drive		Transaction ID: SA11AI.4898	
City Dallas	State TX	Zip Code 75228	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Nexion Pleasant Valley	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B.

Full Name (Last, First, Middle Initial) Penny Walker		Date of Receipt MM / DD / YYYY 03 / 31 / 2010	
Mailing Address 107 East Ross		Transaction ID: SA11AI.4870	
City Waxahachie	State TX	Zip Code 75165	Amount of Each Receipt this Period 222.60
FEC ID number of contributing federal political committee. C			
Name of Employer Nexion Health	Occupation Dietician	payroll deduction \$ 30.60 bi-weekly	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.60		

SUBTOTAL of Receipts This Page (optional)	722.60
TOTAL This Period (last page this line number only)	13298.56

**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"/> 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) ALLYSON SCHWARTZ FOR CONGRESS <hr/> Mailing Address P.O. Box 2232 <hr/> City Jenkintown State PA Zip Code 19046 Purpose of Disbursement Contribution Candidate Name ALLYSON Y. SCHWARTZ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4877 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00 Category/Type

B. Full Name (Last, First, Middle Initial) BOB BRADY FOR CONGRESS <hr/> Mailing Address 12518 Chilton Road <hr/> City Philadelphia State PA Zip Code 19154 Purpose of Disbursement Contribution Candidate Name ROBERT A BRADY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4885 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type

C. Full Name (Last, First, Middle Initial) JIM RENACCI FOR CONGRESS <hr/> Mailing Address 150 Smokerise Drive <hr/> City Wadsworth State OH Zip Code 44281 Purpose of Disbursement Contribution Candidate Name JAMES B RENACCI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4882 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 15 / 15

<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)
MIKULSKI FOR SENATE COMMITTEE

Transaction ID: SB23.4878

Date of Disbursement

Mailing Address P O B 13147

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	0

City State Zip Code
BALTIMORE MD 21203

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name
BARBARA MIKULSKI

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MD District: 00

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

5000.00
