

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 ALEXANDRIA VA 22314

2. FEC IDENTIFICATION NUMBER C C00434233 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (X), Termination Report (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), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2013 through 06 / 30 / 2013

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 Francis P. Kirley [Electronically Filed] Date 07 / 12 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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**

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="2013"/>	<input type="text" value="37053.96"/>	<input type="text" value="37053.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="37053.96"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="26182.83"/>	<input type="text" value="26182.83"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="63236.79"/>	<input type="text" value="63236.79"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="17500.00"/>	<input type="text" value="17500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="45736.79"/>	<input type="text" value="45736.79"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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. 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).....	14266.86	14266.86
(ii) Unitemized .....	11915.97	11915.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	26182.83	26182.83
(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) .....	26182.83	26182.83
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))..... ▶	26182.83	26182.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26182.83	26182.83

**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.....	17500.00	17500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) 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)) ..	17500.00	17500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17500.00	17500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	26182.83	26182.83
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26182.83	26182.83
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 18
<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. Hollie Adams**  
Full Name (Last, First, Middle Initial)

Mailing Address 2759 CR 1490

City Center State TX Zip Code 75935

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

Name of Employer Nexion Health Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **281.69**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : SA11AI.6030**

Amount of Each Receipt this Period  
**281.69**

payroll deduction \$ 34.62 bi-weekly

**B. Brad Barnes**  
Full Name (Last, First, Middle Initial)

Mailing Address 2615 Falcon Knoll

City Katy State TX Zip Code 77494

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

Name of Employer Nexion Health Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **752.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : SA11AI.6029**

Amount of Each Receipt this Period  
**752.70**

payroll deduction \$ 57.90 bi-weekly

**C. Abigail B. Benoit**  
Full Name (Last, First, Middle Initial)

Mailing Address 415 Copper Ridge Drive

City Youngsville State LA Zip Code 70592

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

Name of Employer Nexion Health Occupation Administrator-Patterson

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **452.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2013

**Transaction ID : SA11AI.6017**

Amount of Each Receipt this Period  
**452.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1486.39</b>
<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: PAGE 7 OF 18  
(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. Sherri Clark**  
 Full Name (Last, First, Middle Initial)  
 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:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 675.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2013  
**Transaction ID : SA11AI.6018**  
 Amount of Each Receipt this Period  
 675.09  
 payroll deduction \$ 51.93 bi-weekly

**B. Jason G. Girouard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1060 Howard Broussard Drive  
 City State Zip Code  
 St. Martinville LA 70582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Nexion Health Administrator-Iberia North  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1001.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : SA11AI.5988**  
 Amount of Each Receipt this Period  
 960.00

**c. Alan L. Graham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 182 Westridge Drive  
 City State Zip Code  
 Huntsville TX 77340  
 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2013  
**Transaction ID : SA11AI.5967**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2135.09  
**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 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial)  
**A. Dennis Haws**

Mailing Address 4509 Lake View Drive

City State Zip Code  
Wichita Falls TX 76308-3308

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 ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 26 / 2013  
**Transaction ID : SA11AI.5989**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Tammy Hendrickson**

Mailing Address 11959 Highway 120

City State Zip Code  
Marthville LA 71450

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 ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2013  
**Transaction ID : SA11AI.5960**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Janice R. Hill**

Mailing Address 205 Rocky Mound Drive

City State Zip Code  
Lafayette LA 70506

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

Name of Employer Occupation  
Nexion Health RFS South Louisiana

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
341.64

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 28 / 2013  
**Transaction ID : SA11AI.6019**

Amount of Each Receipt this Period  
341.64  
payroll deduction \$ 26.28 bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1341.64

**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 9 OF 18
	<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. Margaret Hodgson**  
Full Name (Last, First, Middle Initial)

Mailing Address 509 E. Fannin

City DeKalb State TX Zip Code 75559

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

Name of Employer Nexion Omaha Occupation Administrator

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  
 01 / 04 / 2013

**Transaction ID : SA11AI.5884**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 14971 SH 154E

City Diana State TX Zip Code 75640

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

Name of Employer Nexion Health Occupation Regional Clinical Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 459.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : SA11AI.6020**

Amount of Each Receipt this Period  
 459.81

payroll deduction \$ 35.37 bi-weekly

**C. Marguerite P. Jenkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 118 2nd Avenue

City Reistertown State MD Zip Code 21136

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

Name of Employer Nexion Health Occupation Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : SA11AI.6021**

Amount of Each Receipt this Period  
 384.41

payroll deduction \$ 29.57 bi-weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1344.22

**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 10 OF 18
<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**

Full Name (Last, First, Middle Initial) <b>A. Tracey M. Kinney</b>		Date of Receipt
Mailing Address 508 Highland Avenue		<input type="text" value="01"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City Willow Point	State TX	Zip Code 75169
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5897</b>
Name of Employer Nexion Health	Occupation Administrator-Ridgecrest	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="266.00"/>
		<input type="text" value="266.00"/>

Full Name (Last, First, Middle Initial) <b>B. Krista Langston</b>		Date of Receipt
Mailing Address 705 N. Main		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City Lumberton	State TX	Zip Code 77657
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5968</b>
Name of Employer Nexion Health	Occupation Administrator-Village Creek	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="359.00"/>
		<input type="text" value="359.00"/>

Full Name (Last, First, Middle Initial) <b>C. Jennifer L. McCullough</b>		Date of Receipt
Mailing Address 117 Lone Oak Drive		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City Benton	State LA	Zip Code 71106
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.6027</b>
Name of Employer Nexion Health	Occupation Administrator-Vivian	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="317.73"/>
		<input type="text" value="317.73"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="942.73"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 OF 18
<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**

Full Name (Last, First, Middle Initial) <b>A. Laura Lassie McDowell-Pappas</b>		Date of Receipt
Mailing Address 18716 Falls Road		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City Hampstead	State MD	Zip Code 21074
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.6023</b>
Name of Employer Nexion Health, Inc.	Occupation Director, Purchasing & Finance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="298.09"/>
		payroll deduction \$ 22.93 bi-weekly

Full Name (Last, First, Middle Initial) <b>B. Andrew J. Pisarik Jr.</b>		Date of Receipt
Mailing Address 209-C Stratford Street		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City Houston	State TX	Zip Code 77006
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5952</b>
Name of Employer Nexion Health, Inc.	Occupation Adminstrator-Allenbrook	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>C. Shari Richey</b>		Date of Receipt
Mailing Address 1600 1/2 Webb Street		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City Henderson	State TX	Zip Code 75654
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5944</b>
Name of Employer Nexion Health	Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1298.09"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial) <b>A. Shari Richey</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 <b>Transaction ID : SA11AI.6028</b>
Mailing Address 1600 1/2 Webb Street		Amount of Each Receipt this Period 325.00 payroll deduction \$ 25 bi-weekly
City Henderson	State TX	Zip Code 75654
FEC ID number of contributing federal political committee. C	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 ▼ 825.00	

Full Name (Last, First, Middle Initial) <b>B. Emmett A. Riner III</b>		Date of Receipt MM / DD / YYYY 04 / 09 / 2013 <b>Transaction ID : SA11AI.5987</b>
Mailing Address P.O. Box 391		Amount of Each Receipt this Period 500.00
City Naples	State TX	Zip Code 75568
FEC ID number of contributing federal political committee. C	Name of Employer Nexion Health	Occupation Administrator-New Boston H'lthcare Ctr
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Meera Riner</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 <b>Transaction ID : SA11AI.6024</b>
Mailing Address 513 Hillside Drive		Amount of Each Receipt this Period 1529.97 payroll deduction \$ 117.69 bi-weekly
City Auburndale	State FL	Zip Code 33823
FEC ID number of contributing federal political committee. C	Name of Employer Nexion Health	Occupation Vice-President for Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1529.97	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2354.97
<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 13 OF 18
<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. Truman W. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1468

City Gladewater State TX Zip Code 75417

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

Name of Employer Nexion Health Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
01 / 17 / 2013  
**Transaction ID : SA11AI.5898**

Amount of Each Receipt this Period  
340.00

**B. Truman W. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1468

City Gladewater State TX Zip Code 75417

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

Name of Employer Nexion Health Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
02 / 11 / 2013  
**Transaction ID : SA11AI.5935**

Amount of Each Receipt this Period  
70.00

**C. J. Scott Stewart**  
Full Name (Last, First, Middle Initial)

Mailing Address 4338 Stumberg Lane

City Baton Rouge State LA Zip Code 70816

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

Name of Employer Nexion Health Occupation Administrator-Patterson

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 548.00

Date of Receipt  
04 / 03 / 2013  
**Transaction ID : SA11AI.5970**

Amount of Each Receipt this Period  
548.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 958.00

**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 14 OF 18  
(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. Philip Sweeney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Davis Boulevard  
 City Jefferson State LA Zip Code 70121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nexion Health, Inc. Occupation Administrator  
 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  
 04 / 05 / 2013  
**Transaction ID : SA11AI.5986**  
 Amount of Each Receipt this Period  
 500.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2013  
**Transaction ID : SA11AI.6004**  
 Amount of Each Receipt this Period  
 500.00

**C. Jennifer L. Swim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6354 Chickamauga Trail  
 City Shreveport State LA Zip Code 71107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nexion Vivian Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2013  
**Transaction ID : SA11AI.5936**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**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 15 OF 18  
(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. Penny Walker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 107 East Ross  
City Waxahachie State TX Zip Code 75165  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nexion Health Occupation Dietician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 405.73

Date of Receipt 06 / 28 / 2013  
**Transaction ID : SA11AI.6025**  
Amount of Each Receipt this Period 405.73  
payroll deduction \$ 31.21 bi-weekly

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	405.73
<b>TOTAL</b> This Period (last page this line number only).....▶	14266.86

**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

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

Full Name (Last, First, Middle Initial)

**A. BILL NELSON FOR U S SENATE**

Mailing Address 972 W WHITMIRE DRIVE

City MELBOURNE State FL Zip Code 32935

Purpose of Disbursement contribution

Candidate Name  
**BILL NELSON**

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

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : **SB23.5874**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SCHUMER**

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement contribution

Candidate Name  
**CHARLES E SCHUMER**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	3

Transaction ID : **SB23.5870**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. MAJORITY COMMITTEE PAC--MC PAC**

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	3

Transaction ID : **SB23.5883**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0



**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

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NAME OF COMMITTEE (In Full)

**NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC**

Full Name (Last, First, Middle Initial)

**A. MCCONNELL SENATE COMMITTEE '14**

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement contribution

Candidate Name

**MITCH MCCONNELL**

Office Sought:  House  Senate  President

State: KY District: 00

Disbursement For: 2014  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2013

**Transaction ID : SB23.5868**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MCCONNELL SENATE COMMITTEE '14**

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement contribution

Candidate Name

**MITCH MCCONNELL**

Office Sought:  House  Senate  President

State: KY District: 00

Disbursement For: 2014  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2013

**Transaction ID : SB23.5869**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. NANCY PELOSI FOR CONGRESS**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement contribution

Candidate Name

**NANCY PELOSI**

Office Sought:  House  Senate  President

State: CA District: 12

Disbursement For: 2014  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2013

**Transaction ID : SB23.5881**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7500.00

**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

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NAME OF COMMITTEE (In Full)

**NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC**

Full Name (Last, First, Middle Initial)

**A. PRICE FOR CONGRESS**

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077

Purpose of Disbursement contribution

Candidate Name

**THOMAS EDMUNDS PRICE**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2013

**Transaction ID : SB23.5875**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. RYAN FOR CONGRESS, INC.**

Mailing Address PO BOX 1488

City JANESVILLE State WI Zip Code 53547

Purpose of Disbursement contribution

Candidate Name

**PAUL D. RYAN**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2013

**Transaction ID : SB23.5867**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. UDALL FOR COLORADO**

Mailing Address PO BOX 40158

City DENVER State CO Zip Code 80204

Purpose of Disbursement contribution

Candidate Name

**MARK E UDALL**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: CO District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2013

**Transaction ID : SB23.5878**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00

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

17500.00