

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, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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 01 / 29 / 2016

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="2015"/>		29398.13
(b) Cash on Hand at Beginning of Reporting Period.....	45756.60	
(c) Total Receipts (from Line 19)	7341.63	33700.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	53098.23	63098.23
7. Total Disbursements (from Line 31).....	13000.00	23000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	40098.23	40098.23
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. 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).....	4895.05	11717.82
(ii) Unitemized	2446.58	19482.28
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7341.63	31200.10
(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)	7341.63	31200.10
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	2500.00
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))..... ▶	7341.63	33700.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7341.63	33700.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....	13000.00	23000.00
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)) ..	13000.00	23000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13000.00	23000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	7341.63	31200.10
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7341.63	31200.10
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 10
<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. Juliee Cash
Full Name (Last, First, Middle Initial)

Mailing Address 2303 Cole Circle

City Bossier City State LA Zip Code 71111

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

Name of Employer Nexion Health Occupation Administrator-Claiborne

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
12 / 08 / 2015
Transaction ID : SA11AI.6559

Amount of Each Receipt this Period
1000.00

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

Mailing Address 205 Rocky Mound Drive

City Lafayette State LA Zip Code 70506

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

Name of Employer Nexion Health Occupation RFS South Louisiana

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 906.96

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.6529

Amount of Each Receipt this Period
365.95
payroll deduction \$ 28.15 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 ▼ 1881.09

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.6531

Amount of Each Receipt this Period
875.03
payroll deduction \$ 67.31 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	2240.98
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 7 OF 10
<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. Karen Parker
 Full Name (Last, First, Middle Initial)
 Mailing Address 623 Highway 155 North
 City Gilmer State TX Zip Code 75644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nexion Health Occupation Administrator-Upshur Manor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.57

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11AI.6565
 Amount of Each Receipt this Period
 277.57

B. Sherri J. Phillips
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 933
 City Quitman State TX Zip Code 75783
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nexion Health Occupation RDO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1542.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.6532
 Amount of Each Receipt this Period
 702.39
 payroll deduction \$ 54.03 bi-weekly

C. Sandra Redmon
 Full Name (Last, First, Middle Initial)
 Mailing Address 6850 Rufe Snow Drive
 City North Richland Hills State TX Zip Code 76148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nexion Health Occupation Administrator-Green Valley
 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
 10 / 09 / 2015
Transaction ID : SA11AI.6548
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1479.96
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 10
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. Robert E. Rhea

Mailing Address 764 Magnolia Ridge Drive West

City Mandeville	State LA	Zip Code 70448
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FEC ID number of contributing federal political committee. **C**

Name of Employer Nexion Health	Occupation Administrator-Pierremont
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **752.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2015

Transaction ID : SA11AI.6562

Amount of Each Receipt this Period

752.00

Full Name (Last, First, Middle Initial)
B. Penny Walker

Mailing Address 107 East Ross

City Waxahachie	State TX	Zip Code 75165
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FEC ID number of contributing federal political committee. **C**

Name of Employer Nexion Health	Occupation Dietician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **891.61**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.6533

Amount of Each Receipt this Period

422.11

 payroll deduction \$ 31.84 bi-weekly

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
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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
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Amount of Each Receipt this Period

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SUBTOTAL of Receipts This Page (optional).....▶	1174.11
TOTAL This Period (last page this line number only).....▶	4895.05

**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. BENNET FOR COLORADO

Mailing Address 2300 15TH STREET SUITE 425

City DENVER State CO Zip Code 80202

Purpose of Disbursement contribution

Candidate Name

MICHAEL F BENNET

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CO District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SB23.6542

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BOEHNER FOR SPEAKER

Mailing Address 631-B PENNSYLVANIA AVE., SE
BASEMENT UNIT

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: OH District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : SB23.6534

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. GARRET GRAVES FOR CONGRESS

Mailing Address PO BOX 64845

City BATON ROUGE State LA Zip Code 70896

Purpose of Disbursement contribution

Candidate Name

GARRET GRAVES

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SB23.6539

Amount of Each Disbursement this Period

1000.00

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

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

7000.00

**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. HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement Contribution

Candidate Name

ORRIN G HATCH

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2015

Transaction ID : SB23.6536

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. 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

MM / DD / YYYY
10 / 27 / 2015

Transaction ID : SB23.6541

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement contribution

Candidate Name

MICHAEL C. BURGESS

Office Sought: House Senate President
State: TX District: 26

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : SB23.6535

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

13000.00