

**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 (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 07 01 2010 through 09 30 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 10 14 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 **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	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

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"><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	46031.30									
(c) Total Receipts (from Line 19)	20004.18	49140.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	66035.48	91435.48								
7. Total Disbursements (from Line 31)	6000.00	31400.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	60035.48	60035.48								
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

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	12707.86	34281.25
(ii) Unitemized	7296.32	14859.27
(iii) TOTAL (add Lines 11(a)(i) and (ii)	20004.18	49140.52
(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)	20004.18	49140.52
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))	20004.18	49140.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20004.18	49140.52

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.....	6000.00	31400.00
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))..	6000.00	31400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	31400.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	20004.18	49140.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20004.18	49140.52
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 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (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 ▼ 1120.14

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: SA11AI.5122

Amount of Each Receipt this Period
550.00

B. 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 ▼ 1340.70

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.5077

Amount of Each Receipt this Period
220.56

payroll deduction \$ 30.78
bi-weekly

C. 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 ▼ 1374.39

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: SA11AI.5132

Amount of Each Receipt this Period
700.00

SUBTOTAL of Receipts This Page (optional) ► **1470.56**

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 / 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.	Full Name (Last, First, Middle Initial) Brad Barnes		Date of Receipt
	Mailing Address 2615 Falcon Knoll		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Katy	TX	77494
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5079
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 ▼ 1771.85	<input type="text"/> 397.46
			payroll deduction \$ 56.78 bi-weekly

B.	Full Name (Last, First, Middle Initial) Bretton J. Bolt		Date of Receipt
	Mailing Address 1704 Lake Forest Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Finksburg	MD	21048
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5085
Name of Employer Nexion Health		Occupation EVP & CFO	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 ▼ 3521.00	<input type="text"/> 413.00
			payroll deduction \$ 59 bi-weekly

C.	Full Name (Last, First, Middle Initial) Ruth Brown		Date of Receipt
	Mailing Address P.O. Box 16		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Bogata	TX	75417
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5082
Name of Employer Nexion Health		Occupation Health care 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 ▼ 804.06	<input type="text"/> 150.44
			payroll deduction \$ 30.19 bi-weekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 960.90
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 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.	Full Name (Last, First, Middle Initial) Hugh E. Cassidy, III	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 5301 August Avenue	Transaction ID: SA11AI.5207
	City State Zip Code Marrero LA 70072	Amount of Each Receipt this Period 1010.43
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Nexion Health Administrator-Marrero	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1010.43	

B.	Full Name (Last, First, Middle Initial) Michael Christian	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 316 Ocean Avenue	Transaction ID: SA11AI.5198
	City State Zip Code Marblehead MA 01945	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Risk Strategies Company Insurance broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Sherri Clark	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address P.O. Box 933	Transaction ID: SA11AI.5086
	City State Zip Code Quitman TX 75783	Amount of Each Receipt this Period 356.37
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Nexion Health RDO	payroll deduction \$ 50.91 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1079.36	

SUBTOTAL of Receipts This Page (optional)	▶	3366.80
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 / 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. Full Name (Last, First, Middle Initial)
Nancy F. Councill

Mailing Address 15315 Carroll Road

City State Zip Code
Monkton MD 21111

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: SA11AI.5120

Amount of Each Receipt this Period
250.00

B. 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 ▼ 1096.29

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: SA11AI.5202

Amount of Each Receipt this Period
100.00

C. 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 ▼ 1418.43

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.5080

Amount of Each Receipt this Period
322.14

payroll deduction \$ 46.02
bi-weekly

SUBTOTAL of Receipts This Page (optional) ▶ **672.14**

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: PAGE 10 / 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.

Full Name (Last, First, Middle Initial)

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 ▼ 410.86

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5084

Amount of Each Receipt this Period

154.59

payroll deduction \$ 20.37
bi-weekly

B.

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 ▼ 717.42

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5089

Amount of Each Receipt this Period

242.76

payroll deduction \$ 34.68
bi-weekly

C.

Full Name (Last, First, Middle Initial)

Daniel Hubbard, Sr.

Mailing Address 307 Avondale Court

City State Zip Code
Bossier City LA 71112

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

Name of Employer Occupation
Nexion Health Administrator-Meadowview

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 18 / 2010

Transaction ID: SA11AI.5168

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

647.35

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 / 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.

Full Name (Last, First, Middle Initial)
Daniel Hubbard, Sr.

Mailing Address 307 Avondale Court

City State Zip Code
Bossier City LA 71112

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

Name of Employer Occupation
Nexion Health Administrator-Meadowview

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2010

Transaction ID: SA11AI.5203

Amount of Each Receipt this Period
500.00

B.

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 ▼ 623.29

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5091

Amount of Each Receipt this Period
202.93

payroll deduction \$ 28.99
bi-weekly

C.

Full Name (Last, First, Middle Initial)
Brian P. Lee

Mailing Address 517 Overdale Road

City State Zip Code
Baltimore MD 21229

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

Name of Employer Occupation
Nexion Health, Inc. General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2010

Transaction ID: SA11AI.5204

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **952.93**

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 / 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.

Full Name (Last, First, Middle Initial)
Paula F. Lowrie

Mailing Address 1017 Misty Way

City State Zip Code
Garland TX 75040

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

Name of Employer Occupation
Nexion Health RFS East Texas

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 381.73

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5076

Amount of Each Receipt this Period

136.92

payroll deduction \$ 19.56
bi-weekly

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 ▼ 634.68

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5092

Amount of Each Receipt this Period

214.06

payroll deduction \$ 30.58
bi-weekly

C.

Full Name (Last, First, Middle Initial)
Cindi M. Phillips

Mailing Address 1253 CR 480

City State Zip Code
Mt. Pleasant TX 75455

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 ▼ 435.81

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5090

Amount of Each Receipt this Period

148.71

payroll deduction \$ 21.21
bi-weekly

SUBTOTAL of Receipts This Page (optional) ▶

499.69

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 / 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.

Full Name (Last, First, Middle Initial)
Shari Richey

Mailing Address 1600 1/2 Webb Street

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.5075

Amount of Each Receipt this Period 150.00

payroll deduction \$ 25 bi-weekly

B.

Full Name (Last, First, Middle Initial)
Emmett A. Riner, III

Mailing Address P.O. Box 391

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 21 / 2010

Transaction ID: SA11AI.5121

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Meera Riner

Mailing Address 513 Hillside Drive

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2718.34

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.5083

Amount of Each Receipt this Period 823.83

payroll deduction \$ 117.69 bi-weekly

SUBTOTAL of Receipts This Page (optional) ► **1473.83**

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 / 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.

Full Name (Last, First, Middle Initial)
Sheryl Smith

Mailing Address 9777 FM 226

City State Zip Code
Nacogdoches TX 75961

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

Name of Employer Occupation
Nexion Health Assistant Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.96

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5078

Amount of Each Receipt this Period
161.56

payroll deduction \$ 23.08
bi-weekly

B.

Full Name (Last, First, Middle Initial)
Don L. Sowell, Jr.

Mailing Address 5902 Ancient Oaks

City State Zip Code
Humble TX 77346

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

Name of Employer Occupation
Nexion Health South Texas RDO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.90

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5087

Amount of Each Receipt this Period
259.90

payroll deduction \$ 51 bi-weekly

C.

Full Name (Last, First, Middle Initial)
Ruth R. Stelly

Mailing Address 6055 Highway 103

City State Zip Code
Port Barre LA 70577

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

Name of Employer Occupation
Nexion Health Health care administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: SA11AI.5131

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1421.46**

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 / 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.

Full Name (Last, First, Middle Initial)
Jennifer L. Swim

Mailing Address 6354 Chickamauga Trail

City State Zip Code
Shreveport LA 71107

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

Name of Employer Occupation
Nexion Vivian Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1090.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 18 / 2010

Transaction ID: SA11AI.5170

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Jennifer L. Swim

Mailing Address 6354 Chickamauga Trail

City State Zip Code
Shreveport LA 71107

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

Name of Employer Occupation
Nexion Vivian Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1240.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5081

Amount of Each Receipt this Period

150.00

payroll deduction \$ 25 bi-weekly

C.

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

Mailing Address 107 East Ross

City State Zip Code
Waxahachie TX 75165

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

Name of Employer Occupation
Nexion Health Dietician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 620.40

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5088

Amount of Each Receipt this Period

214.20

payroll deduction \$30.60 bi-weekly

SUBTOTAL of Receipts This Page (optional) ▶

864.20

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 16 / 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"/> 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) Michelle Walters		Date of Receipt	
	Mailing Address 121 Logan Street		M M / D D / Y Y Y Y 08 / 25 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.5179
	Bossier City	LA	70112	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		378.00	
Name of Employer Nexion Health		Occupation Administrator-Claiborne		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 378.00		

SUBTOTAL of Receipts This Page (optional)	▶	378.00
TOTAL This Period (last page this line number only)	▶	12707.86

**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

A.	Full Name (Last, First, Middle Initial) BENNET FOR COLORADO	Transaction ID: SB23.5095 Date of Disbursement
	Mailing Address 2300 15TH STREET SUITE 425	<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City DENVER State CO Zip Code 80202	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name MICHAEL F BENNET	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONGRESS	Transaction ID: SB23.5098 Date of Disbursement
	Mailing Address 22 West Padonia Road Suite C-141	<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Timonium State MD Zip Code 21093	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name DUTCH RUPPERSBERGER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	Transaction ID: SB23.5094 Date of Disbursement
	Mailing Address 25 East Main Street, Suite 200	<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City Richmond State VA Zip Code 23219	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

A.	Full Name (Last, First, Middle Initial) LEGPAC	Transaction ID: SB23.5209 Date of Disbursement 09 / 23 / 2010
	Mailing Address 38 Ivy St., SE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS COMMITTEE	Transaction ID: SB23.5105 Date of Disbursement 09 / 23 / 2010
	Mailing Address 76 MAGNOLIA TERRACE	Amount of Each Disbursement this Period 1000.00
	City SPRINGFIELD State MA Zip Code 01108	
	Purpose of Disbursement Contribution Candidate Name RICHARD E MR. NEAL	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SNOWE FOR SENATE	Transaction ID: SB23.5101 Date of Disbursement 08 / 05 / 2010
	Mailing Address PO BOX 2012	Amount of Each Disbursement this Period 1000.00
	City PORTLAND State ME Zip Code 04104	
	Purpose of Disbursement Contribution Candidate Name OLYMPIA J SNOWE	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	6000.00