

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 2011 through 06 30 2011

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 07 20 2011

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	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		63570.45
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	63570.45									
(c) Total Receipts (from Line 19)	32246.64	32246.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	95817.09	95817.09								
7. Total Disbursements (from Line 31)	30050.00	30050.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	65767.09	65767.09								
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**

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	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	18652.24	18652.24
(ii) Unitemized	13594.40	13594.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)	32246.64	32246.64
(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)	32246.64	32246.64
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))	32246.64	32246.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	32246.64	32246.64

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.....	30050.00	30050.00
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))..	30050.00	30050.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30050.00	30050.00

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)	32246.64	32246.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32246.64	32246.64
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 / 23
(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 ▼ 428.82

Date of Receipt MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.5266

Amount of Each Receipt this Period 428.82

payroll deduction \$ 31.39
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 ▼ 1000.00

Date of Receipt MM / DD / YYYY
04 / 18 / 2011

Transaction ID: SA11AI.5427

Amount of Each Receipt this Period 1000.00

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 ▼ 1888.14

Date of Receipt MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.5267

Amount of Each Receipt this Period 888.14

payroll deduction \$ 56.78
bi-weekly

SUBTOTAL of Receipts This Page (optional) 2316.96

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 7 / 23
(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)
Marilyn Berg

Mailing Address 314 Stephenson Street

City State Zip Code
Shreveport LA 71104

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Nexion Health Business Office Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 412.00

Date of Receipt 01 / 07 / 2011
Transaction ID: SA11AI.5318

Amount of Each Receipt this Period 412.00

B. 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 ▼ 472.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.5268

Amount of Each Receipt this Period 472.00

payroll deduction \$ 59 bi-weekly

C. 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: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 705.46

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.5269

Amount of Each Receipt this Period 705.46

payroll deduction \$ 51.93 bi-weekly

SUBTOTAL of Receipts This Page (optional) 1589.46

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 8 / 23
(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)
Edward L. Graham

Mailing Address 182 Westridge

City State Zip Code
Huntsville TX 77340-8929

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

Name of Employer Occupation
Nexion Health Administrator-Humble Healthcare Center

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2011

Transaction ID: SA11AI.5372

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
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
MM / DD / YYYY
01 / 18 / 2011

Transaction ID: SA11AI.5331

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Tammy Hendrickson

Mailing Address 11959 Highway 120

City State Zip Code
Marthaville 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
MM / DD / YYYY
01 / 04 / 2011

Transaction ID: SA11AI.5315

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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 9 / 23
(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) Tammy Hendrickson		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		3	1		2	0	1	1													
Mailing Address 11959 Highway 120		Transaction ID: SA11AI.5332																				
City	State	Zip Code																				
Marthaville	LA	71450																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>500.00</td></tr> </table>	500.00																			
500.00																						
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 ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table>	1000.00																				
1000.00																						

B.

Full Name (Last, First, Middle Initial) Janice R. Hill		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		3	0		2	0	1	1													
Mailing Address 205 Rocky Mound Drive		Transaction ID: SA11AI.5270																				
City	State	Zip Code																				
Lafayette	LA	70506																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>264.44</td></tr> </table>	264.44																			
264.44																						
Name of Employer Nexion Health	Occupation RFS South Louisiana	payroll deduction \$ 20.37 bi-weekly																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>264.44</td></tr> </table>	264.44																				
264.44																						

C.

Full Name (Last, First, Middle Initial) Margaret Hodgson		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	7		2	0	1	1													
Mailing Address 509 E. Fannin		Transaction ID: SA11AI.5324																				
City	State	Zip Code																				
DeKalb	TX	75559																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>500.00</td></tr> </table>	500.00																			
500.00																						
Name of Employer Nexion Omaha	Occupation Administrator																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>500.00</td></tr> </table>	500.00																				
500.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%;"> <tr><td>1264.44</td></tr> </table>	1264.44
1264.44		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td></tr> </table>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 23
(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)
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 ▼ 461.94

Date of Receipt MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.5271

Amount of Each Receipt this Period 461.94

payroll deduction \$ 35.37
bi-weekly

B. Full Name (Last, First, Middle Initial)
Kimberly Huang

Mailing Address 5429 Landale Valley Drive

City State Zip Code
McKinney TX 75071

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
McKinney Healthcare & Rehab. Director of Social Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY
03 / 22 / 2011

Transaction ID: SA11AI.5362

Amount of Each Receipt this Period 350.00

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

Mailing Address 5429 Landale Valley Drive

City State Zip Code
McKinney TX 75071

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
McKinney Healthcare & Rehab. Director of Social Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
04 / 06 / 2011

Transaction ID: SA11AI.5419

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) 961.94

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 11 / 23
(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)
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
MM / DD / YYYY
01 / 04 / 2011

Transaction ID: SA11AI.5316

Amount of Each Receipt this Period
250.00

B.

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
MM / DD / YYYY
04 / 06 / 2011

Transaction ID: SA11AI.5420

Amount of Each Receipt this Period
500.00

C.

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 ▼ 429.84

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.5272

Amount of Each Receipt this Period
429.84

payroll deduction \$ 29.57
bi-weekly

SUBTOTAL of Receipts This Page (optional) ► **1179.84**

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 / 23

(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)
Melissa Louviere

Mailing Address 2200 Belle Ruelle

City State Zip Code
New Iberia LA 70583-3075

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

Name of Employer Occupation
New Iberia Manor South 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
0 3 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.5408

Amount of Each Receipt this Period
1000.00

B.

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 ▼ 215.16

Date of Receipt

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

Transaction ID: SA11AI.5273

Amount of Each Receipt this Period
215.16

payroll deduction \$ 19.56
bi-weekly

C.

Full Name (Last, First, Middle Initial)
Tod P. Mahoney

Mailing Address 1019 Brook Arbor Drive

City State Zip Code
Mansfield TX 76063

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 ▼ 877.35

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.5429

Amount of Each Receipt this Period
877.35

SUBTOTAL of Receipts This Page (optional)

2092.51

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 / 23
(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)
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 ▼ 566.26

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.5274

Amount of Each Receipt this Period
566.26

payroll deduction \$ 22.93
bi-weekly

B.

Full Name (Last, First, Middle Initial)
Susie Nair

Mailing Address 1413 W. Main

City State Zip Code
Waxahatchee TX 75165

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
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11AI.5356

Amount of Each Receipt this Period
500.00

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 ▼ 292.02

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.5275

Amount of Each Receipt this Period
292.02

payroll deduction \$ 21.21
bi-weekly

SUBTOTAL of Receipts This Page (optional) ► **1358.28**

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 14 / 23
	<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) Emmett A. Riner, III		Date of Receipt
	Mailing Address P.O. Box 391		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 06 / 2011
	City	State	Zip Code
	Naples	TX	75568
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5444
		Amount of Each Receipt this Period	
		500.00	
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	

B.	Full Name (Last, First, Middle Initial) Martha Riner, III		Date of Receipt
	Mailing Address P.O. Box 391		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 06 / 2011
	City	State	Zip Code
	Naples	TX	75568
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5418
		Amount of Each Receipt this Period	
		190.06	
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 ▼ 360.46	

C.	Full Name (Last, First, Middle Initial) Meera Riner		Date of Receipt
	Mailing Address 513 Hillside Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2011
	City	State	Zip Code
	Auburndale	FL	33823
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5277
		Amount of Each Receipt this Period	
		1732.28	
Name of Employer Nexion Health		Occupation Vice-President for Operations	payroll deduction \$ 117.69 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1732.28	

SUBTOTAL of Receipts This Page (optional)	▶	2422.34
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 15 / 23
	<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) Sheryl Smith		Date of Receipt
	Mailing Address 9777 FM 226		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Nacogdoches	TX	75961
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nexion Health		Occupation Assistant Administrator	Transaction ID: SA11AI.5279
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="349.11"/>	<input type="text" value="349.11"/>
			payroll deduction \$ 39.47 bi-weekly

B.	Full Name (Last, First, Middle Initial) Don L. Sowell, Jr.		Date of Receipt
	Mailing Address 5902 Ancient Oaks		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Humble	TX	77346
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nexion Health		Occupation South Texas RDO	Transaction ID: SA11AI.5280
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="704.63"/>	<input type="text" value="704.63"/>
			payroll deduction \$ 81.63 bi-weekly

C.	Full Name (Last, First, Middle Initial) Dionne Stoneham		Date of Receipt
	Mailing Address 12777 Beaumont Street		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Houston	TX	77049
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nexion Health		Occupation Administrator	Transaction ID: SA11AI.5447
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1553.74"/>
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 16 / 23
	<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) Jennifer L. Swim		Date of Receipt
	Mailing Address 6354 Chickamauga Trail		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 0 / 2 0 1 1
	City	State	Zip Code
	Shreveport	LA	71107
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5325
Name of Employer Nexion Vivian		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"/> 500.00

B.	Full Name (Last, First, Middle Initial) Jennifer L. Swim		Date of Receipt
	Mailing Address 6354 Chickamauga Trail		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 0 2 / 2 0 1 1
	City	State	Zip Code
	Shreveport	LA	71107
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5357
Name of Employer Nexion Vivian		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"/> 974.00

C.	Full Name (Last, First, Middle Initial) Jennifer L. Swim		Date of Receipt
	Mailing Address 6354 Chickamauga Trail		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 3 0 / 2 0 1 1
	City	State	Zip Code
	Shreveport	LA	71107
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5281
Name of Employer Nexion Vivian		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"/> 1400.21
			payroll deduction \$ 26.92 bi-weekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1400.21
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 17 / 23
	<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)
Penny Walker

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 ▼ 424.52

Date of Receipt 06 / 30 / 2011

Transaction ID: SA11AI.5282

Amount of Each Receipt this Period 424.52

payroll deduction \$ 31.21 bi-weekly

B.

Full Name (Last, First, Middle Initial)
Michelle Walters

Mailing Address 121 Logan Street

City Bossier City State LA Zip Code 70112

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 ▼ 275.00

Date of Receipt 01 / 07 / 2011

Transaction ID: SA11AI.5317

Amount of Each Receipt this Period 275.00

C.

Full Name (Last, First, Middle Initial)
Michelle Walters

Mailing Address 121 Logan Street

City Bossier City State LA Zip Code 70112

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 ▼ 475.00

Date of Receipt 01 / 18 / 2011

Transaction ID: SA11AI.5330

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 899.52

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 18 / 23	
	(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 01 / 31 / 2011	
City	State	Zip Code	Transaction ID: SA11AI.5333
Bossier City	LA	70112	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		113.00	
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 ▼ 588.00	

SUBTOTAL of Receipts This Page (optional)	▶	113.00
TOTAL This Period (last page this line number only)	▶	18652.24

**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 19 / 23

<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) AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE	Transaction ID: SB23.5284
	Mailing Address 1201 L STREET, NW	Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 5000.00
	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) BEN CARDIN FOR SENATE	Transaction ID: SB23.5295
	Mailing Address P.O. BOX 21093	Date of Disbursement MM / DD / YYYY 04 / 06 / 2011
	City CATONSVILLE State MD Zip Code 21228	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement contribution Candidate Name BENJAMIN L CARDIN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BOEHNER FOR SPEAKER	Transaction ID: SB23.5311
	Mailing Address 631-B PENNSYLVANIA AVE., SE BASEMENT UNIT	Date of Disbursement MM / DD / YYYY 06 / 16 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement contribution Candidate Name JOHN A BOEHNER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	12500.00
TOTAL This Period (last page this line number only)	

**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

<p>A. Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS, INC</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name CHARLES DR. JR. BOUSTANY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5306</p> <p>Date of Disbursement 05 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)</p> <p>Mailing Address 25 East Main Street, Suite 200</p> <p>City Richmond State VA Zip Code 23219</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5301</p> <p>Date of Disbursement 04 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS</p> <p>Mailing Address PO BOX 586</p> <p>City HELENA State MT Zip Code 59624</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name MAX BAUCUS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5307</p> <p>Date of Disbursement 05 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

**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) LOUIE GOHMERT FOR CONGRESS COMMITTEE	Transaction ID: SB23.5312 Date of Disbursement
	Mailing Address PO BOX 8060	<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City TYLER State TX Zip Code 75711	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="500.00"/>
	Candidate Name LOUIE GOHMERT	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: TX District: 01	

B.	Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08	Transaction ID: SB23.5290 Date of Disbursement
	Mailing Address PO BOX 1496	<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
	City LOUISVILLE State KY Zip Code 40201	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="2500.00"/>
	Candidate Name MITCH MCCONNELL	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: KY District: 00	

C.	Full Name (Last, First, Middle Initial) MENENDEZ FOR SENATE	Transaction ID: SB23.5294 Date of Disbursement
	Mailing Address ONE GATEWAY CENTER SUITE 520	<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
	City NEWARK State NJ Zip Code 07102	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="1000.00"/>
	Candidate Name ROBERT MENENDEZ	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NJ District: 00	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
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. MICHAEL BURGESS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement contribution

Candidate Name MICHAEL C. BURGESS, Dr.

Office Sought: House Senate President

State: TX District: 26

Disbursement For: 2012 Primary General Other (specify) ▼

Transaction ID: SB23.5299

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/Type

B. PRICE FOR CONGRESS

Full Name (Last, First, Middle Initial)

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

State: GA District: 06

Disbursement For: 2012 Primary General Other (specify) ▼

Transaction ID: SB23.5304

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/Type

C. RODNEY ALEXANDER FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 367
319 NANCY ROAD

City Quitman State LA Zip Code 71268

Purpose of Disbursement contribution

Candidate Name Mr. RODNEY ALEXANDER

Office Sought: House Senate President

State: LA District: 05

Disbursement For: 2012 Primary General Other (specify) ▼

Transaction ID: SB23.5305

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

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

**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 23 / 23

<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) SCALISE FOR CONGRESS Mailing Address PO BOX 23219 City JEFFERSON State LA Zip Code 70183 Purpose of Disbursement contribution Candidate Name STEVE SCALISE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5308 Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2011
	Amount of Each Disbursement this Period 250.00
B. Full Name (Last, First, Middle Initial) THE CONGRESSMAN JOE BARTON COMMITTEE Mailing Address P.O. BOX 1444 City ENNIS State TX Zip Code 75120 Purpose of Disbursement contribution Candidate Name JOE LINUS BARTON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5289 Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2011
	Amount of Each Disbursement this Period 300.00

SUBTOTAL of Disbursements This Page (optional) ►

550.00

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

30050.00