

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

A.	Full Name (Last, First, Middle Initial) 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 State: TX District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 State: KY District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 State: NJ District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>