

**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

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

<b>A.</b> 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 0 6 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 250.00
<b>B.</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 0 3 / 0 7 / 2 0 1 1
	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