

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.
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
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 Year-End 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 / 2011 through 12 / 31 / 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 Francis P. Kirley [Electronically Filed] Date 01 / 25 / 2012

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
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2011"/>	<input type="text" value=""/>	<input type="text" value="63570.45"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="65767.09"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10749.99"/>	<input type="text" value="42996.63"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="76517.08"/>	<input type="text" value="106567.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="29008.00"/>	<input type="text" value="59058.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="47509.08"/>	<input type="text" value="47509.08"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: / / 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).....	9294.57	27946.81
(ii) Unitemized	1455.42	15049.82
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10749.99	42996.63
(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)	10749.99	42996.63
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 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))..... ▶	10749.99	42996.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10749.99	42996.63

DETAILED SUMMARY PAGE

of Disbursements

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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	8.00	8.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8.00	8.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29000.00	59050.00
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)) ..	29008.00	59058.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29008.00	59058.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	10749.99	42996.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10749.99	42996.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8.00	8.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8.00	8.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 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. Hollie Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 2759 CR 1490
 City Center State TX Zip Code 75935
 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 ▼ **877.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : SA11AI.5505
 Amount of Each Receipt this Period
448.40
 payroll deduction \$ 32.02 bi-weekly

B. Brad Barnes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2615 Falcon Knoll
 City Katy State TX Zip Code 77494
 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 ▼ **2815.23**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : SA11AI.5506
 Amount of Each Receipt this Period
927.09
 payroll deduction \$ 57.90 bi-weekly

C. Sherri Clark
 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 ▼ **1512.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : SA11AI.5507
 Amount of Each Receipt this Period
807.36
 payroll deduction \$ 51.93 bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ **2182.85**
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 18
<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. Tim Daniel
Full Name (Last, First, Middle Initial)

Mailing Address 910 Lin Street

City Patterson State LA Zip Code 70392

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

Name of Employer Nexion Health Occupation Administrator-Patterson

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 03 / 2011
Transaction ID : SA11AI.5521

Amount of Each Receipt this Period 500.00

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 ▼ 596.81

Date of Receipt 12 / 31 / 2011
Transaction ID : SA11AI.5508

Amount of Each Receipt this Period 332.37
payroll deduction \$ 20.77 bi-weekly

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

Mailing Address 14971 SH 154E

City Diana State TX Zip Code 75640

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

Name of Employer Nexion Health Occupation Regional Clinical Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1028.87

Date of Receipt 12 / 31 / 2011
Transaction ID : SA11AI.5509

Amount of Each Receipt this Period 566.93
payroll deduction \$ 35.37 bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 1399.30

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 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

Full Name (Last, First, Middle Initial)
A. 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 ▼
873.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2011

Transaction ID : SA11AI.5510

Amount of Each Receipt this Period
443.55

payroll deduction \$ 29.57 bi-weekly

Full Name (Last, First, Middle Initial)
B. Tracey M. Kinney

Mailing Address 508 Highland Avenue

City State Zip Code
Willow Point TX 75169

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

Name of Employer Occupation
Nexion Health Administrator-Ridgecrest

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2011

Transaction ID : SA11AI.5546

Amount of Each Receipt this Period
450.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
489.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2011

Transaction ID : SA11AI.5511

Amount of Each Receipt this Period
274.58

payroll deduction \$ 19.56 bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ **1168.13**

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 9 OF 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. Laura Lassie McDowell-Pappas
 Full Name (Last, First, Middle Initial)
 Mailing Address 18716 Falls Road
 City Hampstead State MD Zip Code 21074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nexion Health, Inc. Occupation Director, Purchasing & Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **917.03**

Date of Receipt **12 / 31 / 2011**
Transaction ID : SA11AI.5512
 Amount of Each Receipt this Period **350.77**
 payroll deduction \$ 22.93 bi-weekly

B. Cindi M. Phillips
 Full Name (Last, First, Middle Initial)
 Mailing Address 1253 CR 480
 City Mt. Pleasant State TX Zip Code 75455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nexion Health Occupation Regional Clinical Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **553.35**

Date of Receipt **12 / 31 / 2011**
Transaction ID : SA11AI.5513
 Amount of Each Receipt this Period **261.33**
 payroll deduction \$ 21.21 bi-weekly

C. Meera Riner
 Full Name (Last, First, Middle Initial)
 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 ▼ **3504.16**

Date of Receipt **12 / 31 / 2011**
Transaction ID : SA11AI.5514
 Amount of Each Receipt this Period **1771.88**
 payroll deduction \$ 117.69 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	2383.98
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 10 OF 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

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

Mailing Address 9777 FM 226

City Nacogdoches State TX Zip Code 75961

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

Name of Employer Nexion Health Occupation Assistant Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **731.43**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2011

Transaction ID : SA11AI.5515

Amount of Each Receipt this Period
382.32

payroll deduction \$ 28.85 bi-weekly

Full Name (Last, First, Middle Initial)
B. Truman Smith

Mailing Address P.O. Box 1468

City Gladewater State TX Zip Code 75417

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 ▼ **429.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2011

Transaction ID : SA11AI.5544

Amount of Each Receipt this Period
429.00

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

Mailing Address P.O. Box 1468

City Gladewater State TX Zip Code 75417

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 ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA11AI.5528

Amount of Each Receipt this Period
71.00

SUBTOTAL of Receipts This Page (optional).....▶	882.32
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 OF 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

Full Name (Last, First, Middle Initial) A. Ruth R. Stelly			Date of Receipt MM / DD / YYYY 08 / 03 / 2011
Mailing Address 6055 Highway 103			Transaction ID : SA11AI.5519
City Port Barre	State LA	Zip Code 70577	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Nexion Health	Occupation Health care administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Jennifer L. Swim			Date of Receipt MM / DD / YYYY 12 / 31 / 2011
Mailing Address 6354 Chickamauga Trail			Transaction ID : SA11AI.5516
City Shreveport	State LA	Zip Code 71107	Amount of Each Receipt this Period 309.84
FEC ID number of contributing federal political committee. C			
Name of Employer Nexion Vivian	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1710.05		
			payroll deduction \$ 26.92 bi-weekly

Full Name (Last, First, Middle Initial) C. Penny Walker			Date of Receipt MM / DD / YYYY 12 / 31 / 2011
Mailing Address 107 East Ross			Transaction ID : SA11AI.5517
City Waxahachie	State TX	Zip Code 75165	Amount of Each Receipt this Period 468.15
FEC ID number of contributing federal political committee. C			
Name of Employer Nexion Health	Occupation Dietician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 892.67		
			payroll deduction \$ 31.21 bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	1277.99
TOTAL This Period (last page this line number only).....▶	9294.57

**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. BERKLEY FOR CONGRESS

Mailing Address 3077 E WARM SPRINGS RD SUITE 300

City LAS VEGAS State NV Zip Code 89120

Purpose of Disbursement contribution

Candidate Name

SHELLEY BERKLEY

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2011

Transaction ID : SB23.5491

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR CONGRESS

Mailing Address 8550 United Plaza Blvd.
Suite 1001

City Baton Rouge State LA Zip Code 70809

Purpose of Disbursement contribution

Candidate Name

WILLIAM CASSIDY

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2011

Transaction ID : SB23.5471

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. 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: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2011

Transaction ID : SB23.5493

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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**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. BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement contribution

Candidate Name

KEVIN BRADY

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2011

Transaction ID : SB23.5470

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement contribution

Candidate Name

KEVIN BRADY

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2011

Transaction ID : SB23.5476

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement contribution

Candidate Name

HENRY A. WAXMAN

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: CA District: 30

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2011

Transaction ID : SB23.5475

Amount of Each Disbursement this Period

1000.00

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

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

2500.00

**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. DAVE CAMP FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE
SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
contribution

Candidate Name
DAVID LEE CAMP

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

Transaction ID : SB23.5498

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE
2nd Floor

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: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		11		2011

Transaction ID : SB23.5499

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. DEWHURST FOR TEXAS

Mailing Address 1210 SAN ANTONIO STREET SUITE 700

City AUSTIN State TX Zip Code 78767

Purpose of Disbursement
contribution

Candidate Name
DAVID H DEWHURST

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: TX District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2011

Transaction ID : SB23.5474

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

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

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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. DEWHURST FOR TEXAS

Mailing Address 1210 SAN ANTONIO STREET SUITE 700

City AUSTIN State TX Zip Code 78767

Purpose of Disbursement contribution

Candidate Name
DAVID H DEWHURST

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: TX District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2011

Transaction ID : **SB23.5494**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DOGGETT FOR US CONGRESS

Mailing Address PO BOX 5843

City AUSTIN State TX Zip Code 78763

Purpose of Disbursement contribution

Candidate Name
LLOYD DOGGETT

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: TX District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		23		2011

Transaction ID : **SB23.5479**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MARY LANDRIEU INC

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement contribution

Candidate Name
MARY L LANDRIEU

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: LA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2011

Transaction ID : **SB23.5488**

Amount of Each Disbursement this Period

1000.00

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

2500.00

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

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

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<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. GARAGIOLA FOR CONGRESS

Mailing Address 13421 WINTERSPOON LANE

City GERMANTOWN State MD Zip Code 20874

Purpose of Disbursement contribution

Candidate Name
ROBERT J GARAGIOLA

Office Sought: House Senate President
State: MD District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		29		2011

Transaction ID : **SB23.5550**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. JIM RENACCI FOR CONGRESS

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement contribution

Candidate Name
JAMES B RENACCI

Office Sought: House Senate President
State: OH District: 16

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2011

Transaction ID : **SB23.5495**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement contribution

Candidate Name
KEVIN MCCARTHY

Office Sought: House Senate President
State: CA District: 22

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2011

Transaction ID : **SB23.5482**

Amount of Each Disbursement this Period

1500.00

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

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

6000.00

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

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<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. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2011

Transaction ID : SB23.5464

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2011

Transaction ID : SB23.5465

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. POE FOR CONGRESS

Mailing Address P.O. BOX 14222

City HUMBLE State TX Zip Code 77347

Purpose of Disbursement contribution

Candidate Name

TED POE

Office Sought: House Senate President
State: TX District: 02

Disbursement For: 2012 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2011

Transaction ID : SB23.5485

Amount of Each Disbursement this Period

500.00

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

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

6500.00

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

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(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. PROSPERITY PAC

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2011

Transaction ID : SB23.5467

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement contribution

Candidate Name

RICHARD E MR. NEAL

Office Sought: House Senate President
State: MA District: 02

Disbursement For: 2012 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2011

Transaction ID : SB23.5500

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ROMNEY FOR PRESIDENT, INC.

Mailing Address 585 COMMERCIAL ST.

City BOSTON State MA Zip Code 02109

Purpose of Disbursement contribution

Candidate Name

MITT ROMNEY

Office Sought: House Senate President
State: District: 00

Disbursement For: 2012 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 06 / 2011

Transaction ID : SB23.5503

Amount of Each Disbursement this Period

2000.00

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

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

4000.00

29000.00