

**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. GARAGIOLA FOR CONGRESS**

Mailing Address 13421 WINTERSPOON LANE

City State Zip Code  
GERMANTOWN MD 20874

Purpose of Disbursement  
contribution

Candidate Name

**ROBERT J GARAGIOLA**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 06

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
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Full Name (Last, First, Middle Initial)

**B. JIM RENACCI FOR CONGRESS**

Mailing Address 150 Smokerise Drive

City State Zip Code  
Wadsworth OH 44281

Purpose of Disbursement  
contribution

Candidate Name

**JAMES B RENACCI**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 16

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
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Full Name (Last, First, Middle Initial)

**C. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO BOX 12667

City State Zip Code  
BAKERSFIELD CA 93389

Purpose of Disbursement  
contribution

Candidate Name

**KEVIN MCCARTHY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

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

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

6000.00
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