

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2008 OCT 23 PM 5:00

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 CITY STATE ZIPCODE

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 11 04 2008 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 10 01 2008 through 10 15 2008

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 Keith A. Davis, Assistant Treasurer

Signature of Treasurer *Keith A. Davis* Date 10 23 2008

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)

28039893807

**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:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">6250.99</td></tr></table>	6250.99
Y	Y	Y	Y									
2	0	0	8									
6250.99												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">27110.35</td></tr></table>	27110.35										
27110.35												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">1490.24</td></tr></table>	1490.24	<table border="1" style="width: 100%;"><tr><td align="right">33244.64</td></tr></table>	33244.64								
1490.24												
33244.64												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">28600.59</td></tr></table>	28600.59	<table border="1" style="width: 100%;"><tr><td align="right">39495.63</td></tr></table>	39495.63								
28600.59												
39495.63												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">3000.00</td></tr></table>	3000.00	<table border="1" style="width: 100%;"><tr><td align="right">13895.04</td></tr></table>	13895.04								
3000.00												
13895.04												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">25600.59</td></tr></table>	25600.59	<table border="1" style="width: 100%;"><tr><td align="right">25600.59</td></tr></table>	25600.59								
25600.59												
25600.59												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
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

28039893808

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	W	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	W	Y
2	0	0	8

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)	688.32	23129.61
(ii) Unitemized	801.92	10115.03
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1490.24	33244.64
(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)	1490.24	33244.64
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))	1490.24	33244.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1490.24	33244.64

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	145.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	145.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	12250.00
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	1500.00
(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	1500.00
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))..	3000.00	13895.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	13895.04

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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)	1490.24	33244.64
34. Total Contribution Refunds (from Line 28(d))	0.00	1500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1490.24	31744.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	145.04
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	145.04

FE6AN026

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

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

FOR LINE NUMBER: PAGE 6 / 13

(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			

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

28039893812

A.

Full Name (Last, First, Middle Initial)
Hollie Adams

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 ▼ 1247.49

Date of Receipt 10 / 07 / 2008

Transaction ID: SA11AI.4460

Amount of Each Receipt this Period 24.80

B.

Full Name (Last, First, Middle Initial)
Brad Barnes

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 ▼ 1905.66

Date of Receipt 10 / 07 / 2008

Transaction ID: SA11AI.4461

Amount of Each Receipt this Period 54.06

C.

Full Name (Last, First, Middle Initial)
Michelle L. Beall

Mailing Address 1194 Jo Apter Place

City New Windsor State MD Zip Code 21776

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

Name of Employer Nexion Health Occupation Payables & Corporate Operations Mgr.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 283.13

Date of Receipt 10 / 07 / 2008

Transaction ID: SA11AI.4462

Amount of Each Receipt this Period 12.31

SUBTOTAL of Receipts This Page (optional) ▶ 91.17

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 / 13
(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)
Bretton J. Bolt

Mailing Address 1704 Lake Forest Road

City Finksburg State MD Zip Code 21048

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

Name of Employer Nexion Health Occupation EVP & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3496.11

Date of Receipt 10 / 07 / 2008

Transaction ID: SA11AI.4463

Amount of Each Receipt this Period 57.69

B.

Full Name (Last, First, Middle Initial)
Sherri Clark

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 ▼ 913.81

Date of Receipt 10 / 07 / 2008

Transaction ID: SA11AI.4464

Amount of Each Receipt this Period 48.46

C.

Full Name (Last, First, Middle Initial)
Merrilee F. Hawk

Mailing Address 5728 Pebble Ridge Drive

City McKinney State TX Zip Code 75070

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 ▼ 398.07

Date of Receipt 10 / 07 / 2008

Transaction ID: SA11AI.4465

Amount of Each Receipt this Period 44.23

SUBTOTAL of Receipts This Page (optional) ▶ 150.38

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

28039895813

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

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

FOR LINE NUMBER: PAGE 8 / 13

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)

Janice R. Hill

Mailing Address 205 Rocky Mound Drive

City State Zip Code
Lafayette LA 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 ▼
433.54

Date of Receipt

MM / DD / YYYY
10 / 07 / 2008

Transaction ID: SA11AI.4466

Amount of Each Receipt this Period

19.02

B.

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
Nexion Health

Occupation
Regional Clinical Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
621.11

Date of Receipt

MM / DD / YYYY
10 / 07 / 2008

Transaction ID: SA11AI.4467

Amount of Each Receipt this Period

32.69

C.

Full Name (Last, First, Middle Initial)

Tonye Ihua-Maduenyi

Mailing Address 2611 Atrium Drive

City State Zip Code
Grand Prairie TX 75052

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 ▼
1096.79

Date of Receipt

MM / DD / YYYY
10 / 07 / 2008

Transaction ID: SA11AI.4468

Amount of Each Receipt this Period

35.83

SUBTOTAL of Receipts This Page (optional)

87.54

TOTAL This Period (last page this line number only)

28039893814

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

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

FOR LINE NUMBER: PAGE 9 / 13
(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)
Marguerite P. Jenkins

Mailing Address 118 2nd Avenue

City Reistertown State MD Zip Code 21136

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

Name of Employer Nexion Health Occupation Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 619.16

Date of Receipt 10 / 07 / 2008
Transaction ID: SA11AI.4469
Amount of Each Receipt this Period 26.92

B.

Full Name (Last, First, Middle Initial)
Michael F. Li

Mailing Address 12840 S. Kirkwood #738

City Stafford State TX Zip Code 77477

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

Name of Employer Nexion Health Occupation LNFA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1184.83

Date of Receipt 10 / 07 / 2008
Transaction ID: SA11AI.4470
Amount of Each Receipt this Period 30.10

C.

Full Name (Last, First, Middle Initial)
Paula F. Lowrie

Mailing Address 1017 Misty Way

City Garland State TX Zip Code 75040

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

Name of Employer Nexion Health Occupation RFS East Texas

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.22

Date of Receipt 10 / 07 / 2008
Transaction ID: SA11AI.4471
Amount of Each Receipt this Period 19.18

SUBTOTAL of Receipts This Page (optional) ▶ 76.20

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

28039893815

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

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

FOR LINE NUMBER: PAGE 10 / 13

(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
							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 ▼ 675.87

Date of Receipt

MM / DD / YYYY
10 / 07 / 2008

Transaction ID: SA11AI.4473

Amount of Each Receipt this Period
29.69

B.

Full Name (Last, First, Middle Initial)

Keith Mutschler

Mailing Address 1778 Brookshire Court

City State Zip Code
Finksburg MD 21048

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

Name of Employer Occupation
Nexion Health Treasurer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 557.29

Date of Receipt

MM / DD / YYYY
10 / 07 / 2008

Transaction ID: SA11AI.4472

Amount of Each Receipt this Period
24.23

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 ▼ 307.55

Date of Receipt

MM / DD / YYYY
10 / 07 / 2008

Transaction ID: SA11AI.4474

Amount of Each Receipt this Period
25.25

SUBTOTAL of Receipts This Page (optional) ▶

79.17

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

28039893816

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

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

FOR LINE NUMBER: PAGE 11 / 13
(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)
Meera Riner

Mailing Address 513 Hillside Drive

City State Zip Code
Auburndale FL 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 ▼
1923.01

Date of Receipt
MM / DD / YYYY
10 / 07 / 2008

Transaction ID: SA11AI.4475

Amount of Each Receipt this Period
96.15

B.

Full Name (Last, First, Middle Initial)
Merritt L. Robinson

Mailing Address 1650 Dunaway Crossing

City State Zip Code
Fairview TX 75069

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 ▼
1105.84

Date of Receipt
MM / DD / YYYY
10 / 07 / 2008

Transaction ID: SA11AI.4476

Amount of Each Receipt this Period
48.08

C.

Full Name (Last, First, Middle Initial)
Deborah Ann Seals

Mailing Address 425 Martin Drive

City State Zip Code
Beaumont TX 75418

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

Name of Employer
Nexion Health

Occupation
Director of Nurses

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.14

Date of Receipt
MM / DD / YYYY
10 / 07 / 2008

Transaction ID: SA11AI.4477

Amount of Each Receipt this Period
30.78

SUBTOTAL of Receipts This Page (optional) ▶ **175.01**

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

28039893817

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

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

FOR LINE NUMBER: PAGE 12 / 13
(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) Penny Walker		Date of Receipt	
Mailing Address 107 East Ross		MM / DD / YYYY 10 / 07 / 2008	
City Waxahachie	State TX	Zip Code 75165	Transaction ID: SA11AI.4478
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.85	
Name of Employer Nexion Health	Occupation Dietician	Aggregate Year-to-Date ▼ 461.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

20039893818

SUBTOTAL of Receipts This Page (optional)	▶	28.85
TOTAL This Period (last page this line number only)	▶	688.32

**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 13 / 13
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b
<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)
SCALISE FOR CONGRESS 08

Mailing Address 3100 Ridgelake Suite 301

City Metairie State LA Zip Code 70002

Purpose of Disbursement Contribution Category/Type

Candidate Name STEVE MR. SCALISE

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: LA District: 01

Transaction ID: SB23.4457
Date of Disbursement 10 / 01 / 2008

Amount of Each Disbursement this Period 2000.00

B.

Full Name (Last, First, Middle Initial)
TEAM SUNUNU

Mailing Address PO BOX 500

City RYE State NH Zip Code 03870

Purpose of Disbursement Contribution Category/Type

Candidate Name JOHN E SUNUNU

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.4458
Date of Disbursement 10 / 06 / 2008

Amount of Each Disbursement this Period 1000.00

28039893819

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	3000.00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt
10/23/08 ✓

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jmp
PREPARER

10/24/08
DATE PREPARED

28039893820