

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 ▲

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 / / through / /

07 / 01 / 2013 through 12 / 31 / 2013

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 / 28 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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="2013"/>	<input type="text" value="37053.96"/>	<input type="text" value="37053.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="45736.79"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11317.33"/>	<input type="text" value="37500.16"/>
(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="57054.12"/>	<input type="text" value="74554.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="29147.73"/>	<input type="text" value="46647.73"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="27906.39"/>	<input type="text" value="27906.39"/>
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

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 / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

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).....	6984.87	21251.73
(ii) Unitemized	4332.46	16248.43
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11317.33	37500.16
(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)	11317.33	37500.16
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))..... ▶	11317.33	37500.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11317.33	37500.16

DETAILED SUMMARY PAGE
of Disbursements

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	47.73	47.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	47.73	47.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29100.00	46600.00
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)) ..	29147.73	46647.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29147.73	46647.73

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)	11317.33	37500.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11317.33	37500.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	47.73	47.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	47.73	47.73

**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 6 OF 14
	<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	

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

Full Name (Last, First, Middle Initial) A. Brad Barnes		Date of Receipt
Mailing Address 2615 Falcon Knoll		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Katy	State TX	Zip Code 77494
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.6075
Name of Employer Nexion Health		Amount of Each Receipt this Period
Occupation Administrator		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1752.70"/>	

Full Name (Last, First, Middle Initial) B. Brad Barnes		Date of Receipt
Mailing Address 2615 Falcon Knoll		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Katy	State TX	Zip Code 77494
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.6039
Name of Employer Nexion Health		Amount of Each Receipt this Period
Occupation Administrator		<input type="text" value="717.02"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	payroll deduction \$ 57.90 bi-weekly
	<input type="text" value="2469.72"/>	

Full Name (Last, First, Middle Initial) C. Julie Cash		Date of Receipt
Mailing Address 2303 Cole Circle		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City Bossier City	State LA	Zip Code 71111
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.6098
Name of Employer Nexion Health		Amount of Each Receipt this Period
Occupation Administrator-Claiborne		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2717.02"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 OF 14
(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. Delores Cregg

Mailing Address 118 Tankesley Road

City State Zip Code
 Mt. Pleasant TX 75455

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

Name of Employer Occupation
 Nexion Health Administrator-Regency

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
 09 / 26 / 2013

Transaction ID : SA11AI.6089

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Tammy Hendrickson

Mailing Address 11959 Highway 120

City State Zip Code
 Marthville LA 71450

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

Name of Employer Occupation
 Nexion Health Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2013

Transaction ID : SA11AI.6090

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. 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 Occupation
 Nexion Health RFS South Louisiana

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 683.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.6032

Amount of Each Receipt this Period
 341.64

payroll deduction \$ 26.28 bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 1341.64

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 14
(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. Denise Honnoll

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 ▼ **884.25**

Date of Receipt **12 / 31 / 2013**

Transaction ID : SA11AI.6033

Amount of Each Receipt this Period **424.44**

payroll deduction \$ 35.37 bi-weekly

Full Name (Last, First, Middle Initial)
B. 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 ▼ **768.82**

Date of Receipt **12 / 31 / 2013**

Transaction ID : SA11AI.6034

Amount of Each Receipt this Period **384.41**

payroll deduction \$ 29.57 bi-weekly

Full Name (Last, First, Middle Initial)
C. Laura Lassie McDowell-Pappas

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 ▼ **596.18**

Date of Receipt **12 / 31 / 2013**

Transaction ID : SA11AI.6035

Amount of Each Receipt this Period **298.09**

payroll deduction \$ 22.93 bi-weekly

SUBTOTAL of Receipts This Page (optional)..... **1106.94**

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 14
<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

Full Name (Last, First, Middle Initial) A. Sherri J. Phillips		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013
Mailing Address P.O. Box 933		Transaction ID : SA11AI.6036
City Quitman	State TX	Zip Code 75783
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 675.09	
Name of Employer Nexion Health	Occupation RDO	payroll deduction \$ 51.93 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.18	

Full Name (Last, First, Middle Initial) B. Shari Richey		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013
Mailing Address 1600 1/2 Webb Street		Transaction ID : SA11AI.6040
City Henderson	State TX	Zip Code 75654
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer Nexion Health	Occupation Administrator	payroll deduction \$ 25 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	

Full Name (Last, First, Middle Initial) C. Meera Riner		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013
Mailing Address 513 Hillside Drive		Transaction ID : SA11AI.6037
City Auburndale	State FL	Zip Code 33823
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 588.45	
Name of Employer Nexion Health	Occupation Vice-President for Operations	payroll deduction \$ 117.69 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2118.42	

SUBTOTAL of Receipts This Page (optional).....▶	1413.54
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 10 OF 14
(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. Penny Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 East Ross
 City Waxahachie State TX Zip Code 75165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nexion Health Occupation Dietician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **811.46**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2013
Transaction ID : SA11AI.6038
 Amount of Each Receipt this Period
405.73
 payroll deduction \$ 31.21 bi-weekly

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	405.73
TOTAL This Period (last page this line number only).....▶	6984.87

**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. 21ST CENTURY MAJORITY FUND

Mailing Address 6065 ROSWELL ROAD, #2274

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
void check-original check date 10/13/12

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
12 / 31 / 2013

Transaction ID : SB23.6063

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. BERT MILLER FOR CONGRESS

Mailing Address PO BOX 5873

City NAPERVILLE State IL Zip Code 60567

Purpose of Disbursement
contribution

Candidate Name

ALBERT MILLER

Office Sought: House
 Senate
 President
State: IL District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2013

Transaction ID : SB23.6062

Amount of Each Disbursement this Period

5000.00

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
State: OH 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 / 2013

Transaction ID : SB23.6055

Amount of Each Disbursement this Period

5000.00

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

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

9000.00

**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. 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: 2014 Primary General Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2013

Transaction ID : SB23.6042

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. 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: 2014 Primary General Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2013

Transaction ID : SB23.6054

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : SB23.6050

Amount of Each Disbursement this Period

5000.00

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

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

8500.00

**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. DUFFY FOR CONGRESS

Mailing Address PO BOX 538

City WAUSAU State WI Zip Code 54402

Purpose of Disbursement contribution

Candidate Name
SEAN DUFFY

Office Sought: House Senate President
State: WI District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2013

Transaction ID : **SB23.6059**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS FOR HARRY REID

Mailing Address P.O. BOX 19163

City LAS VEGAS State NV Zip Code 89132

Purpose of Disbursement contribution

Candidate Name
HARRY REID

Office Sought: House Senate President
State: NV District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2013

Transaction ID : **SB23.6053**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JEB HENSARLING

Mailing Address PO BOX 820504

City DALLAS State TX Zip Code 75382

Purpose of Disbursement contribution

Candidate Name
JEB HENSARLING HON.

Office Sought: House Senate President
State: TX District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2013

Transaction ID : **SB23.6048**

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

**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. 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

Disbursement For: 2014 Primary General Other (specify) ▼

State: OH District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	0		2	0	1	3

Transaction ID : SB23.6056

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement contribution

Candidate Name

MITCH MCCONNELL

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: KY District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	1	3

Transaction ID : SB23.6058

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. NEIL RISER CAMPAIGN INC

Mailing Address PO BOX 1376

City WEST MONROE State LA Zip Code 71294

Purpose of Disbursement contribution

Candidate Name

HARTWELL NEIL RISER Jr.

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: LA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	3

Transaction ID : SB23.6045

Amount of Each Disbursement this Period

2	6	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7	1	0	0	0	0	0	0	0	0
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2	9	1	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---