

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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** 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 (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 04 01 2010 through 06 30 2010

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 Electronically Filed by Francis P. Kirley Date 07 14 2010

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

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		42294.96
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	54922.61									
(c) Total Receipts (from Line 19)	11508.69	29136.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	66431.30	71431.30								
7. Total Disbursements (from Line 31)	20400.00	25400.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	46031.30	46031.30								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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)	8274.83	21573.39
(ii) Unitemized	3233.86	7562.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11508.69	29136.34
(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)	11508.69	29136.34
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))	11508.69	29136.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11508.69	29136.34

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20400.00	25400.00
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	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) 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))..	20400.00	25400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20400.00	25400.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	11508.69	29136.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11508.69	29136.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

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 ▼ 570.14
Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.5051
Amount of Each Receipt this Period 215.46
payroll deduction \$ 30.78 bi-weekly

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 ▼ 674.39
Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.5050
Amount of Each Receipt this Period 340.31
payroll deduction \$ 56.78 bi-weekly

C. 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 ▼ 3108.00
Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.5053
Amount of Each Receipt this Period 354.00
payroll deduction \$ 59 bi-weekly

SUBTOTAL of Receipts This Page (optional) ► 909.77
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 / 17
	<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) Ruth Brown		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address P.O. Box 16		Transaction ID: SA11AI.5069
	City State Zip Code Bogata TX 75417	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 153.62
	Name of Employer Nexion Health	Occupation Health care administrator	payroll deduction \$ 29.60 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 653.62	

B.	Full Name (Last, First, Middle Initial) Sherri Clark		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address P.O. Box 933		Transaction ID: SA11AI.5054
	City State Zip Code Quitman TX 75783	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 306.47
	Name of Employer Nexion Health	Occupation RDO	payroll deduction \$ 50.91 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 722.99	

C.	Full Name (Last, First, Middle Initial) James N. Davidson		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 820 Longleaf Street		Transaction ID: SA11AI.5049
	City State Zip Code Vidor TX 77662	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
	Name of Employer Nexion Health	Occupation Administrator-Village Creek Rehab. Ctr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	960.09
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 8 / 17
	<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.

Full Name (Last, First, Middle Initial)
Debbie Goswick

Mailing Address P.O. Box 9599

City State Zip Code
Huntsville TX 77340

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

Name of Employer Occupation
Nexion Huntsville Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: SA11AI.4993

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Alan L. Graham

Mailing Address 182 Westridge Drive

City State Zip Code
Huntsville TX 77340

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11AI.5048

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 5728 Pebble Ridge Drive

City State Zip Code
McKinney TX 75070

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 ▼ 720.17

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: SA11AI.5007

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 17
(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)
Merrilee F. Hawk

Mailing Address 5728 Pebble Ridge Drive

City State Zip Code
McKinney TX 75070

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 ▼ 996.29

Date of Receipt 06 / 30 / 2010

Transaction ID: SA11AI.5052

Amount of Each Receipt this Period 276.12

payroll deduction \$ 46.02
bi-weekly

B. 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 Occupation
Nexion Health RFS South Louisiana

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 256.27

Date of Receipt 06 / 30 / 2010

Transaction ID: SA11AI.5055

Amount of Each Receipt this Period 128.45

payroll deduction \$ 20.37
bi-weekly

C. 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 Occupation
Nexion Health Regional Clinical Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 474.66

Date of Receipt 06 / 30 / 2010

Transaction ID: SA11AI.5056

Amount of Each Receipt this Period 208.08

payroll deduction \$ 34.68
bi-weekly

SUBTOTAL of Receipts This Page (optional) 612.65

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 / 17
	<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) Marguerite P. Jenkins		Date of Receipt
	Mailing Address 118 2nd Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2010
	City	State	Zip Code
	Reistertown	MD	21136
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5057
Name of Employer Nexion Health		Occupation Controller	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.36	<input type="text"/> 173.94
			payroll deduction \$ 28.99 bi-weekly

B.	Full Name (Last, First, Middle Initial) Paula F. Lowrie		Date of Receipt
	Mailing Address 1017 Misty Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2010
	City	State	Zip Code
	Garland	TX	75040
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5068
Name of Employer Nexion Health		Occupation RFS East Texas	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 244.81	<input type="text"/> 117.36
			payroll deduction \$ 19.56 bi-weekly

C.	Full Name (Last, First, Middle Initial) Tod P. Mahoney		Date of Receipt
	Mailing Address 1019 Brook Arbor Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 03 / 2010
	City	State	Zip Code
	Mansfield	TX	76063
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4991
Name of Employer Nexion Health		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 400.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 691.30
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: (check only one)	PAGE 11 / 17
	<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) Tod P. Mahoney		Date of Receipt
	Mailing Address 1019 Brook Arbor Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Mansfield	TX	76063
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5003
Name of Employer Nexion Health		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 600.00	<input type="text"/> 200.00

B.	Full Name (Last, First, Middle Initial) Tod P. Mahoney		Date of Receipt
	Mailing Address 1019 Brook Arbor Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Mansfield	TX	76063
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5029
Name of Employer Nexion Health		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1638.00	<input type="text"/> 1038.00

C.	Full Name (Last, First, Middle Initial) Laura Lassie McDowell-Pappas		Date of Receipt
	Mailing Address 18716 Falls Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Hampstead	MD	21074
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5058
Name of Employer Nexion Health, Inc.		Occupation Director, Purchasing & Finance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 420.62	<input type="text"/> 183.48
			payroll deduction \$ 30.58 bi-weekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1421.48
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 17
(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)
Cindi M. Phillips
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 ▼ 287.10
Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.5059
Amount of Each Receipt this Period 124.80
payroll deduction \$ 20.80 bi-weekly

B. Full Name (Last, First, Middle Initial)
Shari Richey
Mailing Address 1600 1/2 Webb Street
City Henderson State TX Zip Code 75654
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 ▼ 825.00
Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.5071
Amount of Each Receipt this Period 175.00
payroll deduction \$ 25 bi-weekly

C. Full Name (Last, First, Middle Initial)
Meera Riner
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 ▼ 1894.51
Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.5060
Amount of Each Receipt this Period 706.14
payroll deduction \$ 117.69 bi-weekly

SUBTOTAL of Receipts This Page (optional) ► 1005.94
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: PAGE 13 / 17
(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)
Candice M. Rogers

Mailing Address 15433 Green Trails Boulevard

City State Zip Code
Baton Rouge LA 70817

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

Name of Employer Occupation
Nexion Gonzales Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 895.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2010

Transaction ID: SA11AI.4978

Amount of Each Receipt this Period
395.00

B.

Full Name (Last, First, Middle Initial)
Geoffrey Siddon

Mailing Address 435 Sugar Plum Street

City State Zip Code
Houma LA 70364

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

Name of Employer Occupation
Nexion Thibodaux Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: SA11AI.5015

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Jennifer L. Swim

Mailing Address 6354 Chickamauga Trail

City State Zip Code
Shreveport LA 71107

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

Name of Employer Occupation
Nexion Vivian Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: SA11AI.5016

Amount of Each Receipt this Period
220.00

SUBTOTAL of Receipts This Page (optional) ► 1115.00

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 14 / 17
(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)
Jennifer L. Swim

Mailing Address 6354 Chickamauga Trail

City State Zip Code
Shreveport LA 71107

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

Name of Employer Occupation
Nexion Vivian Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2010

Transaction ID: SA11AI.5040

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
Jennifer L. Swim

Mailing Address 6354 Chickamauga Trail

City State Zip Code
Shreveport LA 71107

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

Name of Employer Occupation
Nexion Vivian Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 590.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11AI.5072

Amount of Each Receipt this Period
100.00

payroll deduction \$ 25 bi-weekly

C.

Full Name (Last, First, Middle Initial)
Penny Walker

Mailing Address 107 East Ross

City State Zip Code
Waxahachie TX 75165

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

Name of Employer Occupation
Nexion Health Dietician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 406.20

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11AI.5064

Amount of Each Receipt this Period
183.60

payroll deduction \$ 30.60 bi-weekly

SUBTOTAL of Receipts This Page (optional)	▶	358.60
TOTAL This Period (last page this line number only)	▶	8274.83

**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 15 / 17

<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

A.	Full Name (Last, First, Middle Initial) BENNET FOR COLORADO	Transaction ID: SB23.4966 Date of Disbursement																			
	Mailing Address 2300 15TH STREET SUITE 425	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	3	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4	/	1	3	/	2	0	1	0												
	City DENVER State CO Zip Code 80202	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name MICHAEL F BENNET	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: CO District: 00																				

B.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT CHRIS MURPHY	Transaction ID: SB23.4960 Date of Disbursement																			
	Mailing Address P.O. Box 127	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	9	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4	/	0	9	/	2	0	1	0												
	City Cheshire State CT Zip Code 06410	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name CHRISTOPHER MURPHY	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: CT District: 05																				

C.	Full Name (Last, First, Middle Initial) DAVID VITTER FOR US SENATE	Transaction ID: SB23.4977 Date of Disbursement																			
	Mailing Address PO BOX 8175	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	2	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6	/	2	2	/	2	0	1	0												
	City METAIRIE State LA Zip Code 70011	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name DAVID VITTER	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: LA District: 00																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00
4000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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

A.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: SB23.4972
	Mailing Address 430 South Capitol Street, SE 2nd Floor	Date of Disbursement 06 / 02 / 2010
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 10000.00
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS	Transaction ID: SB23.4970
	Mailing Address Post Office Box 9336	Date of Disbursement 05 / 17 / 2010
	City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name EARL R. POMEROY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS	Transaction ID: SB23.4969
	Mailing Address PO Box 37	Date of Disbursement 05 / 17 / 2010
	City Roseville State MI Zip Code 48066	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name SANDER M LEVIN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	12000.00
TOTAL This Period (last page this line number only)	

**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 17 / 17

<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

A.

Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Transaction ID: SB23.4974

Date of Disbursement

Mailing Address 425 SECOND STREET NE

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	0

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
TOOMEY FOR SENATE COMMITTEE

Transaction ID: SB23.4964

Date of Disbursement

Mailing Address 2720 JORDAN ROAD

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City OREFIELD State PA Zip Code 18069

Amount of Each Disbursement this Period

1400.00

Purpose of Disbursement
Contribution

--

Candidate Name
PATRICK JOSEPH TOOMEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 00

SUBTOTAL of Disbursements This Page (optional)

4400.00

TOTAL This Period (last page this line number only)

20400.00