

**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. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.4974

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. TOOMEY FOR SENATE COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 2720 JORDAN ROAD

City OREFIELD State PA Zip Code 18069

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

Transaction ID: SB23.4964

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)