



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Harden Healthcare LLC Federal PAC**

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"/>		54486.61
(b) Cash on Hand at Beginning of Reporting Period.....	55699.73	
(c) Total Receipts (from Line 19) .....	16776.06	57839.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	72475.79	112325.79
7. Total Disbursements (from Line 31).....	72475.79	112325.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0.00	0.00
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Harden Healthcare LLC Federal PAC**

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).....	12271.00	37461.00
(ii) Unitemized .....	4505.06	15378.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16776.06	52839.18
(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) .....	16776.06	52839.18
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	5000.00
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))..... ▶	16776.06	57839.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16776.06	57839.18

**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 .....	3525.79	5375.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3525.79	5375.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16750.00	29750.00
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 .....	52200.00	77200.00
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)) ..	72475.79	112325.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72475.79	112325.79

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	16776.06	52839.18
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16776.06	52839.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3525.79	5375.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3525.79	5375.79

**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 101
	<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)  
**Harden Healthcare LLC Federal PAC**

**A. Brianna B Braden**  
Full Name (Last, First, Middle Initial)

Mailing Address 18821 Gold Dust Pass

City Pflugerville State TX Zip Code 78660

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

Name of Employer Harden Healthcare Services Occupation Senior Vice President, Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2013

**Transaction ID : SA11AI.22712**

Amount of Each Receipt this Period  
 100.00

**B. Brianna B Braden**  
Full Name (Last, First, Middle Initial)

Mailing Address 18821 Gold Dust Pass

City Pflugerville State TX Zip Code 78660

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

Name of Employer Harden Healthcare Services Occupation Senior Vice President, Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013

**Transaction ID : SA11AI.22732**

Amount of Each Receipt this Period  
 100.00

**C. Brianna B Braden**  
Full Name (Last, First, Middle Initial)

Mailing Address 18821 Gold Dust Pass

City Pflugerville State TX Zip Code 78660

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

Name of Employer Harden Healthcare Services Occupation Senior Vice President, Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2013

**Transaction ID : SA11AI.22752**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 OF 101
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**Harden Healthcare LLC Federal PAC**

**A. Brianna B Braden**  
Full Name (Last, First, Middle Initial)

Mailing Address 18821 Gold Dust Pass

City Pflugerville	State TX	Zip Code 78660
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FEC ID number of contributing federal political committee. **C**

Name of Employer Harden Healthcare Services	Occupation Senior Vice President, Human Resources
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

**Transaction ID : SA11AI.22772**

Amount of Each Receipt this Period  
100.00

**B. Brianna B Braden**  
Full Name (Last, First, Middle Initial)

Mailing Address 18821 Gold Dust Pass

City Pflugerville	State TX	Zip Code 78660
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FEC ID number of contributing federal political committee. **C**

Name of Employer Harden Healthcare Services	Occupation Senior Vice President, Human Resources
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11AI.22791**

Amount of Each Receipt this Period  
100.00

**C. Brianna B Braden**  
Full Name (Last, First, Middle Initial)

Mailing Address 18821 Gold Dust Pass

City Pflugerville	State TX	Zip Code 78660
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FEC ID number of contributing federal political committee. **C**

Name of Employer Harden Healthcare Services	Occupation Senior Vice President, Human Resources
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1701.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : SA11AI.22810**

Amount of Each Receipt this Period  
1.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	201.00
<b>TOTAL</b> 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 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

**A. Wendi Bray**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15705 Edenderry Dr

City Austin	State TX	Zip Code 78717
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FEC ID number of contributing federal political committee. **C**

Name of Employer Harden Healthcare Services	Occupation Senior Vice President, Finance
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2013

**Transaction ID : SA11AI.22713**

Amount of Each Receipt this Period  
100.00

**B. Wendi Bray**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15705 Edenderry Dr

City Austin	State TX	Zip Code 78717
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FEC ID number of contributing federal political committee. **C**

Name of Employer Harden Healthcare Services	Occupation Senior Vice President, Finance
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

**Transaction ID : SA11AI.22733**

Amount of Each Receipt this Period  
100.00

**C. Wendi Bray**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15705 Edenderry Dr

City Austin	State TX	Zip Code 78717
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FEC ID number of contributing federal political committee. **C**

Name of Employer Harden Healthcare Services	Occupation Senior Vice President, Finance
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

**Transaction ID : SA11AI.22753**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 101
<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)  
**Harden Healthcare LLC Federal PAC**

**A. Wendi Bray**  
Full Name (Last, First, Middle Initial)

Mailing Address 15705 Edenderry Dr

City Austin	State TX	Zip Code 78717
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FEC ID number of contributing federal political committee. **C**

Name of Employer Harden Healthcare Services	Occupation Senior Vice President, Finance
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

**Transaction ID : SA11AI.22773**

Amount of Each Receipt this Period  
100.00

**B. Wendi Bray**  
Full Name (Last, First, Middle Initial)

Mailing Address 15705 Edenderry Dr

City Austin	State TX	Zip Code 78717
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FEC ID number of contributing federal political committee. **C**

Name of Employer Harden Healthcare Services	Occupation Senior Vice President, Finance
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11AI.22792**

Amount of Each Receipt this Period  
100.00

**C. Wendi Bray**  
Full Name (Last, First, Middle Initial)

Mailing Address 15705 Edenderry Dr

City Austin	State TX	Zip Code 78717
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FEC ID number of contributing federal political committee. **C**

Name of Employer Harden Healthcare Services	Occupation Senior Vice President, Finance
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : SA11AI.22811**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

**A. Timothy R Brittingham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2807 S Gary Ave  
 City Tulsa State OK Zip Code 74114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Girling Community Care Occupation: Regional Manager, Oklahoma  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **780.00**

Date of Receipt: 07 / 12 / 2013  
**Transaction ID : SA11AI.22272**  
 Amount of Each Receipt this Period: 60.00

**B. Timothy R Brittingham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2807 S Gary Ave  
 City Tulsa State OK Zip Code 74114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Girling Community Care Occupation: Regional Manager, Oklahoma  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **840.00**

Date of Receipt: 07 / 26 / 2013  
**Transaction ID : SA11AI.22301**  
 Amount of Each Receipt this Period: 60.00

**C. Timothy R Brittingham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2807 S Gary Ave  
 City Tulsa State OK Zip Code 74114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Girling Community Care Occupation: Regional Manager, Oklahoma  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt: 08 / 13 / 2013  
**Transaction ID : SA11AI.22330**  
 Amount of Each Receipt this Period: 60.00

**SUBTOTAL** of Receipts This Page (optional)..... **180.00**  
**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: (check only one)	PAGE 11 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

**A. Timothy R Brittingham**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2807 S Gary Ave  
City Tulsa State OK Zip Code 74114  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Girling Community Care Occupation: Regional Manager, Oklahoma  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **960.00**

Date of Receipt: 08 / 28 / 2013  
**Transaction ID : SA11AI.22359**  
Amount of Each Receipt this Period: 60.00

**B. Timothy R Brittingham**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2807 S Gary Ave  
City Tulsa State OK Zip Code 74114  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Girling Community Care Occupation: Regional Manager, Oklahoma  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1020.00**

Date of Receipt: 09 / 13 / 2013  
**Transaction ID : SA11AI.22388**  
Amount of Each Receipt this Period: 60.00

**C. Timothy R Brittingham**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2807 S Gary Ave  
City Tulsa State OK Zip Code 74114  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Girling Community Care Occupation: Regional Manager, Oklahoma  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1080.00**

Date of Receipt: 09 / 27 / 2013  
**Transaction ID : SA11AI.22415**  
Amount of Each Receipt this Period: 60.00

**SUBTOTAL** of Receipts This Page (optional)..... **180.00**  
**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: (check only one)	PAGE 12 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

**A. Stefanie L Cavanaugh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12512 Deer Falls Dr  
City Austin State TX Zip Code 78729  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harden Healthcare Services Occupation Finance  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2600.00**

Date of Receipt **07 / 15 / 2013**  
**Transaction ID : SA11AI.22714**  
Amount of Each Receipt this Period **200.00**

**B. Stefanie L Cavanaugh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12512 Deer Falls Dr  
City Austin State TX Zip Code 78729  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harden Healthcare Services Occupation Finance  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2800.00**

Date of Receipt **07 / 31 / 2013**  
**Transaction ID : SA11AI.22734**  
Amount of Each Receipt this Period **200.00**

**C. Stefanie L Cavanaugh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12512 Deer Falls Dr  
City Austin State TX Zip Code 78729  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harden Healthcare Services Occupation Finance  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **3000.00**

Date of Receipt **08 / 15 / 2013**  
**Transaction ID : SA11AI.22754**  
Amount of Each Receipt this Period **200.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>600.00</b>
<b>TOTAL</b> 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 13 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

**A. Stefanie L Cavanaugh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12512 Deer Falls Dr  
City Austin State TX Zip Code 78729  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harden Healthcare Services Occupation Finance  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **3200.00**

Date of Receipt **08 / 30 / 2013**  
**Transaction ID : SA11AI.22774**  
Amount of Each Receipt this Period **200.00**

**B. Stefanie L Cavanaugh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12512 Deer Falls Dr  
City Austin State TX Zip Code 78729  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harden Healthcare Services Occupation Finance  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **3400.00**

Date of Receipt **09 / 13 / 2013**  
**Transaction ID : SA11AI.22793**  
Amount of Each Receipt this Period **200.00**

**C. Stefanie L Cavanaugh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12512 Deer Falls Dr  
City Austin State TX Zip Code 78729  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harden Healthcare Services Occupation Finance  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **3600.00**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : SA11AI.22812**  
Amount of Each Receipt this Period **200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **600.00**  
**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: (check only one)	PAGE 14 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Cathi Coney**

Mailing Address 7207 Nine Oaks Cv

City Austin	State TX	Zip Code 78759
----------------	-------------	-------------------

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

Name of Employer MBS Pharmacy	Occupation Vice President, Operations
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M / D D / Y Y Y Y Y
07 / 08 / 2013

**Transaction ID : SA11AI.22860**

Amount of Each Receipt this Period  

25.00
-------

Full Name (Last, First, Middle Initial)  
**B. Cathi Coney**

Mailing Address 7207 Nine Oaks Cv

City Austin	State TX	Zip Code 78759
----------------	-------------	-------------------

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

Name of Employer MBS Pharmacy	Occupation Vice President, Operations
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M / D D / Y Y Y Y Y
07 / 22 / 2013

**Transaction ID : SA11AI.22862**

Amount of Each Receipt this Period  

25.00
-------

Full Name (Last, First, Middle Initial)  
**C. Cathi Coney**

Mailing Address 7207 Nine Oaks Cv

City Austin	State TX	Zip Code 78759
----------------	-------------	-------------------

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

Name of Employer MBS Pharmacy	Occupation Vice President, Operations
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M / D D / Y Y Y Y Y
08 / 07 / 2013

**Transaction ID : SA11AI.22864**

Amount of Each Receipt this Period  

25.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> 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 15 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

**A. Cathi Coney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7207 Nine Oaks Cv  
City Austin State TX Zip Code 78759  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MBS Pharmacy Occupation Vice President, Operations  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 400.00

Date of Receipt 08 / 22 / 2013  
Transaction ID : SA11AI.22866  
Amount of Each Receipt this Period 25.00

**B. Cathi Coney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7207 Nine Oaks Cv  
City Austin State TX Zip Code 78759  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MBS Pharmacy Occupation Vice President, Operations  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 425.00

Date of Receipt 09 / 06 / 2013  
Transaction ID : SA11AI.22868  
Amount of Each Receipt this Period 25.00

**C. Cathi Coney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7207 Nine Oaks Cv  
City Austin State TX Zip Code 78759  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MBS Pharmacy Occupation Vice President, Operations  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 450.00

Date of Receipt 09 / 23 / 2013  
Transaction ID : SA11AI.22870  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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: (check only one)	PAGE 16 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

**A. Gloria R Crawford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6013 Forest Shadow St  
City San Antonio State TX Zip Code 78240  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Girling Community Care Occupation: Regional Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **195.00**

Date of Receipt: **07 / 15 / 2013**  
**Transaction ID : SA11AI.22279**  
Amount of Each Receipt this Period: **15.00**

**B. Gloria R Crawford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6013 Forest Shadow St  
City San Antonio State TX Zip Code 78240  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Girling Community Care Occupation: Regional Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt: **07 / 31 / 2013**  
**Transaction ID : SA11AI.22308**  
Amount of Each Receipt this Period: **15.00**

**C. Gloria R Crawford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6013 Forest Shadow St  
City San Antonio State TX Zip Code 78240  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Girling Community Care Occupation: Regional Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **225.00**

Date of Receipt: **08 / 15 / 2013**  
**Transaction ID : SA11AI.22337**  
Amount of Each Receipt this Period: **15.00**

**SUBTOTAL** of Receipts This Page (optional)..... **45.00**  
**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: (check only one)	PAGE 17 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

**A. Gloria R Crawford**  
Full Name (Last, First, Middle Initial)

Mailing Address 6013 Forest Shadow St

City San Antonio	State TX	Zip Code 78240
---------------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation Regional Director
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

**Transaction ID : SA11AI.22366**

Amount of Each Receipt this Period  
15.00

**B. Gloria R Crawford**  
Full Name (Last, First, Middle Initial)

Mailing Address 6013 Forest Shadow St

City San Antonio	State TX	Zip Code 78240
---------------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation Regional Director
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11AI.22389**

Amount of Each Receipt this Period  
15.00

**C. Gloria R Crawford**  
Full Name (Last, First, Middle Initial)

Mailing Address 6013 Forest Shadow St

City San Antonio	State TX	Zip Code 78240
---------------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation Regional Director
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : SA11AI.22422**

Amount of Each Receipt this Period  
15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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 18 OF 101  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

**A. James Wayne Douglas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4701 Circle Oak Cv  
 City Austin State TX Zip Code 78749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Girling Community Care Occupation: President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1300.00**

Date of Receipt: 07 / 15 / 2013  
**Transaction ID : SA11AI.22281**  
 Amount of Each Receipt this Period: 100.00

**B. James Wayne Douglas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4701 Circle Oak Cv  
 City Austin State TX Zip Code 78749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Girling Community Care Occupation: President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1400.00**

Date of Receipt: 07 / 31 / 2013  
**Transaction ID : SA11AI.22310**  
 Amount of Each Receipt this Period: 100.00

**C. James Wayne Douglas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4701 Circle Oak Cv  
 City Austin State TX Zip Code 78749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Girling Community Care Occupation: President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt: 08 / 15 / 2013  
**Transaction ID : SA11AI.22339**  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**  
**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: (check only one)	PAGE 19 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

**A. James Wayne Douglas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4701 Circle Oak Cv  
City Austin State TX Zip Code 78749  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Girling Community Care Occupation: President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1600.00**

Date of Receipt: 08 / 30 / 2013  
**Transaction ID : SA11AI.22368**  
Amount of Each Receipt this Period: 100.00

**B. James Wayne Douglas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4701 Circle Oak Cv  
City Austin State TX Zip Code 78749  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Girling Community Care Occupation: President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1700.00**

Date of Receipt: 09 / 13 / 2013  
**Transaction ID : SA11AI.22392**  
Amount of Each Receipt this Period: 100.00

**C. James Wayne Douglas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4701 Circle Oak Cv  
City Austin State TX Zip Code 78749  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Girling Community Care Occupation: President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1800.00**

Date of Receipt: 09 / 30 / 2013  
**Transaction ID : SA11AI.22424**  
Amount of Each Receipt this Period: 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> 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 20 OF 101  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

**A. Dianne B Edwards**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6600 Lands End Ct  
 City Fort Worth State TX Zip Code 76116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TRISUN Healthcare Occupation Nurse Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 15 / 2013  
**Transaction ID : SA11AI.22950**  
 Amount of Each Receipt this Period  
 25.00

**B. Dianne B Edwards**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6600 Lands End Ct  
 City Fort Worth State TX Zip Code 76116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TRISUN Healthcare Occupation Nurse Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : SA11AI.23001**  
 Amount of Each Receipt this Period  
 25.00

**C. Dianne B Edwards**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6600 Lands End Ct  
 City Fort Worth State TX Zip Code 76116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TRISUN Healthcare Occupation Nurse Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 15 / 2013  
**Transaction ID : SA11AI.23052**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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: (check only one)	PAGE 21 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

**A. Dianne B Edwards**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6600 Lands End Ct  
City Fort Worth State TX Zip Code 76116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TRISUN Healthcare Occupation Nurse Consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 30 / 2013  
Transaction ID : SA11AI.23102  
Amount of Each Receipt this Period 25.00

**B. Dianne B Edwards**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6600 Lands End Ct  
City Fort Worth State TX Zip Code 76116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TRISUN Healthcare Occupation Nurse Consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 13 / 2013  
Transaction ID : SA11AI.23152  
Amount of Each Receipt this Period 25.00

**C. Dianne B Edwards**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6600 Lands End Ct  
City Fort Worth State TX Zip Code 76116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TRISUN Healthcare Occupation Nurse Consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2013  
Transaction ID : SA11AI.23201  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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: (check only one)	PAGE 22 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

**A. Scott Ellyson**  
Full Name (Last, First, Middle Initial)

Mailing Address 824 Stonewall Ridge

City Austin	State TX	Zip Code 78746
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation Chief Financial Officer
---------------------------------------	---------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2013

**Transaction ID : SA11AI.22668**

Amount of Each Receipt this Period  
100.00

**B. Scott Ellyson**  
Full Name (Last, First, Middle Initial)

Mailing Address 824 Stonewall Ridge

City Austin	State TX	Zip Code 78746
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation Chief Financial Officer
---------------------------------------	---------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

**Transaction ID : SA11AI.22676**

Amount of Each Receipt this Period  
100.00

**C. Scott Ellyson**  
Full Name (Last, First, Middle Initial)

Mailing Address 824 Stonewall Ridge

City Austin	State TX	Zip Code 78746
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation Chief Financial Officer
---------------------------------------	---------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

**Transaction ID : SA11AI.22684**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 23 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Scott Ellyson</b>		Date of Receipt MM / DD / YYYY 08 / 30 / 2013 <b>Transaction ID : SA11AI.22692</b>
Mailing Address 824 Stonewall Ridge		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee.	C	
Name of Employer Harden Healthcare	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) <b>B. Scott Ellyson</b>		Date of Receipt MM / DD / YYYY 09 / 13 / 2013 <b>Transaction ID : SA11AI.22700</b>
Mailing Address 824 Stonewall Ridge		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee.	C	
Name of Employer Harden Healthcare	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

Full Name (Last, First, Middle Initial) <b>C. Scott Ellyson</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : SA11AI.22707</b>
Mailing Address 824 Stonewall Ridge		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee.	C	
Name of Employer Harden Healthcare	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 24 OF 101
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

**A. Bradford W Evans**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 E Red Bridge Rd

City Kansas City State MO Zip Code 67131

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

Name of Employer Hospice Care of Kansas Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 05 / 2013**

**Transaction ID : SA11AI.22830**

Amount of Each Receipt this Period  
**50.00**

**B. Bradford W Evans**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 E Red Bridge Rd

City Kansas City State MO Zip Code 67131

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

Name of Employer Hospice Care of Kansas Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 22 / 2013**

**Transaction ID : SA11AI.22831**

Amount of Each Receipt this Period  
**50.00**

**C. Bradford W Evans**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 E Red Bridge Rd

City Kansas City State MO Zip Code 67131

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

Name of Employer Hospice Care of Kansas Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 07 / 2013**

**Transaction ID : SA11AI.22832**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

**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: (check only one)	PAGE 25 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

**A. Bradford W Evans**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 E Red Bridge Rd

City Kansas City State MO Zip Code 67131

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

Name of Employer Hospice Care of Kansas Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 22 / 2013**

**Transaction ID : SA11AI.22833**

Amount of Each Receipt this Period  
**50.00**

**B. Bradford W Evans**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 E Red Bridge Rd

City Kansas City State MO Zip Code 67131

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

Name of Employer Hospice Care of Kansas Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 06 / 2013**

**Transaction ID : SA11AI.22834**

Amount of Each Receipt this Period  
**50.00**

**C. Bradford W Evans**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 E Red Bridge Rd

City Kansas City State MO Zip Code 67131

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

Name of Employer Hospice Care of Kansas Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 20 / 2013**

**Transaction ID : SA11AI.22835**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**

**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: (check only one)	PAGE 26 OF 101
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Patricia A (Tricia) Fox**

Mailing Address **PO Box 190**

City Florence	State TX	Zip Code 76527
------------------	-------------	-------------------

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

Name of Employer Girling Home Health	Occupation Vice President, Rehab
---	-------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2013

**Transaction ID : SA11AI.22451**

Amount of Each Receipt this Period  

75.00
-------

Full Name (Last, First, Middle Initial)  
**B. Patricia A (Tricia) Fox**

Mailing Address **PO Box 190**

City Florence	State TX	Zip Code 76527
------------------	-------------	-------------------

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

Name of Employer Girling Home Health	Occupation Vice President, Rehab
---	-------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **775.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

**Transaction ID : SA11AI.22491**

Amount of Each Receipt this Period  

75.00
-------

Full Name (Last, First, Middle Initial)  
**C. Patricia A (Tricia) Fox**

Mailing Address **PO Box 190**

City Florence	State TX	Zip Code 76527
------------------	-------------	-------------------

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

Name of Employer Girling Home Health	Occupation Vice President, Rehab
---	-------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

**Transaction ID : SA11AI.22531**

Amount of Each Receipt this Period  

75.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>225.00</b>
<b>TOTAL</b> 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 27 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

**A. Patricia A (Tricia) Fox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 190  
 City Florence State TX Zip Code 76527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Girling Home Health Occupation: Vice President, Rehab  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **925.00**

Date of Receipt: **08 / 30 / 2013**  
**Transaction ID : SA11AI.22569**  
 Amount of Each Receipt this Period: **75.00**

**B. Patricia A (Tricia) Fox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 190  
 City Florence State TX Zip Code 76527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Girling Home Health Occupation: Vice President, Rehab  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt: **09 / 13 / 2013**  
**Transaction ID : SA11AI.22605**  
 Amount of Each Receipt this Period: **75.00**

**C. Lori Don McNamee Gregory**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 555 E 5th St Apt 2819  
 City Austin State TX Zip Code 78703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Harden Healthcare Services Occupation: Chief Compliance Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **325.00**

Date of Receipt: **07 / 15 / 2013**  
**Transaction ID : SA11AI.22717**  
 Amount of Each Receipt this Period: **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **175.00**  
**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: (check only one)	PAGE 28 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Lori Don McNamee Gregory</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2013 <b>Transaction ID : SA11AI.22737</b>
Mailing Address 555 E 5th St Apt 2819		Amount of Each Receipt this Period 25.00
City Austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	
Name of Employer Harden Healthcare Services Occupation Chief Compliance Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

Full Name (Last, First, Middle Initial) <b>B. Lori Don McNamee Gregory</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 15 / 2013 <b>Transaction ID : SA11AI.22757</b>
Mailing Address 555 E 5th St Apt 2819		Amount of Each Receipt this Period 25.00
City Austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	
Name of Employer Harden Healthcare Services Occupation Chief Compliance Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00

Full Name (Last, First, Middle Initial) <b>C. Lori Don McNamee Gregory</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 30 / 2013 <b>Transaction ID : SA11AI.22777</b>
Mailing Address 555 E 5th St Apt 2819		Amount of Each Receipt this Period 25.00
City Austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	
Name of Employer Harden Healthcare Services Occupation Chief Compliance Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 29 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Lori Don McNamee Gregory</b>		Date of Receipt
Mailing Address 555 E 5th St Apt 2819		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
Austin	TX	78703
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.22796</b>
Harden Healthcare Services	Chief Compliance Officer	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="425.00"/>	<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) <b>B. Lori Don McNamee Gregory</b>		Date of Receipt
Mailing Address 555 E 5th St Apt 2819		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Austin	TX	78703
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.22815</b>
Harden Healthcare Services	Chief Compliance Officer	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) <b>C. Elaine Hall</b>		Date of Receipt
Mailing Address 6480 County Road 321		<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Blanket	TX	76432
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.22837</b>
Lighthouse Hospice	Administrator	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="325.00"/>	<input type="text" value="25.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> 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 30 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

**A. Elaine Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6480 County Road 321

City Blanket	State TX	Zip Code 76432
-----------------	-------------	-------------------

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

Name of Employer Lighthouse Hospice	Occupation Administrator
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2013

**Transaction ID : SA11AI.22840**

Amount of Each Receipt this Period  

25.00
-------

**B. Elaine Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6480 County Road 321

City Blanket	State TX	Zip Code 76432
-----------------	-------------	-------------------

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

Name of Employer Lighthouse Hospice	Occupation Administrator
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2013

**Transaction ID : SA11AI.22843**

Amount of Each Receipt this Period  

25.00
-------

**C. Elaine Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6480 County Road 321

City Blanket	State TX	Zip Code 76432
-----------------	-------------	-------------------

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

Name of Employer Lighthouse Hospice	Occupation Administrator
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2013

**Transaction ID : SA11AI.22846**

Amount of Each Receipt this Period  

25.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> 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 31 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

**A. Elaine Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6480 County Road 321

City Blanket	State TX	Zip Code 76432
-----------------	-------------	-------------------

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

Name of Employer Lighthouse Hospice	Occupation Administrator
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

**Transaction ID : SA11AI.22849**

Amount of Each Receipt this Period  

25.00
-------

**B. Elaine Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6480 County Road 321

City Blanket	State TX	Zip Code 76432
-----------------	-------------	-------------------

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

Name of Employer Lighthouse Hospice	Occupation Administrator
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

**Transaction ID : SA11AI.22852**

Amount of Each Receipt this Period  

25.00
-------

**C. Tina Hilmas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 494 Countryside Dr

City Rolla	State MO	Zip Code 65401
---------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation Director of Nursing
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2013

**Transaction ID : SA11AI.22267**

Amount of Each Receipt this Period  

25.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> 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 32 OF 101  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Tina Hilmas**

Mailing Address 494 Countryside Dr

City Rolla State MO Zip Code 65401

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

Name of Employer Occupation  
 Girling Community Care Director of Nursing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2013  
**Transaction ID : SA11AI.22295**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Tina Hilmas**

Mailing Address 494 Countryside Dr

City Rolla State MO Zip Code 65401

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

Name of Employer Occupation  
 Girling Community Care Director of Nursing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2013  
**Transaction ID : SA11AI.22324**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Tina Hilmas**

Mailing Address 494 Countryside Dr

City Rolla State MO Zip Code 65401

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

Name of Employer Occupation  
 Girling Community Care Director of Nursing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 22 / 2013  
**Transaction ID : SA11AI.22353**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 33 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Tina Hilmas</b>		Date of Receipt MM / DD / YYYY 09 / 06 / 2013 <b>Transaction ID : SA11AI.22382</b>
Mailing Address 494 Countryside Dr		Amount of Each Receipt this Period 25.00
City Rolla	State MO	Zip Code 65401
FEC ID number of contributing federal political committee. C		
Name of Employer Girling Community Care	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. Tina Hilmas</b>		Date of Receipt MM / DD / YYYY 09 / 20 / 2013 <b>Transaction ID : SA11AI.22409</b>
Mailing Address 494 Countryside Dr		Amount of Each Receipt this Period 25.00
City Rolla	State MO	Zip Code 65401
FEC ID number of contributing federal political committee. C		
Name of Employer Girling Community Care	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Chelsea M Holden</b>		Date of Receipt MM / DD / YYYY 07 / 15 / 2013 <b>Transaction ID : SA11AI.22720</b>
Mailing Address 4000 Dunning Ln		Amount of Each Receipt this Period 20.00
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. C		
Name of Employer Harden Healthcare Services	Occupation Government Relations Liaison	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> 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 34 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

**A. Chelsea M Holden**  
Full Name (Last, First, Middle Initial)

Mailing Address 4000 Dunning Ln

City Austin State TX Zip Code 78746

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

Name of Employer Harden Healthcare Services Occupation Government Relations Liaison

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2013**

**Transaction ID : SA11AI.22740**

Amount of Each Receipt this Period  
**20.00**

**B. Chelsea M Holden**  
Full Name (Last, First, Middle Initial)

Mailing Address 4000 Dunning Ln

City Austin State TX Zip Code 78746

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

Name of Employer Harden Healthcare Services Occupation Government Relations Liaison

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 15 / 2013**

**Transaction ID : SA11AI.22760**

Amount of Each Receipt this Period  
**20.00**

**C. Chelsea M Holden**  
Full Name (Last, First, Middle Initial)

Mailing Address 4000 Dunning Ln

City Austin State TX Zip Code 78746

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

Name of Employer Harden Healthcare Services Occupation Government Relations Liaison

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 30 / 2013**

**Transaction ID : SA11AI.22780**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

**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: (check only one)	PAGE 35 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

**A. Chelsea M Holden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Dunning Ln  
 City Austin State TX Zip Code 78746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harden Healthcare Services Occupation Government Relations Liaison  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : SA11AI.22799**  
 Amount of Each Receipt this Period  
 20.00

**B. Chelsea M Holden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Dunning Ln  
 City Austin State TX Zip Code 78746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harden Healthcare Services Occupation Government Relations Liaison  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : SA11AI.22817**  
 Amount of Each Receipt this Period  
 20.00

**C. Maxzine Holliday**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6116 Sulfur Spring Dr  
 City Killeen State TX Zip Code 76542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TRISUN Healthcare Occupation Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2013  
**Transaction ID : SA11AI.22918**  
 Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> 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 36 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Maxzine Holliday**

Mailing Address 6116 Sulfur Spring Dr

City Killeen State TX Zip Code 76542

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

Name of Employer TRISUN Healthcare Occupation Director of Nursing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 22 / 2013**

**Transaction ID : SA11AI.22969**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**B. Maxzine Holliday**

Mailing Address 6116 Sulfur Spring Dr

City Killeen State TX Zip Code 76542

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

Name of Employer TRISUN Healthcare Occupation Director of Nursing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 07 / 2013**

**Transaction ID : SA11AI.23020**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**C. Maxzine Holliday**

Mailing Address 6116 Sulfur Spring Dr

City Killeen State TX Zip Code 76542

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

Name of Employer TRISUN Healthcare Occupation Director of Nursing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 22 / 2013**

**Transaction ID : SA11AI.23070**

Amount of Each Receipt this Period  
**40.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>120.00</b>
<b>TOTAL</b> 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 37 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Maxzine Holliday**

Mailing Address 6116 Sulfur Spring Dr

City Killeen	State TX	Zip Code 76542
-----------------	-------------	-------------------

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

Name of Employer TRISUN Healthcare	Occupation Director of Nursing
---------------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

**Transaction ID : SA11AI.23120**

Amount of Each Receipt this Period  

40.00
-------

Full Name (Last, First, Middle Initial)  
**B. Maxzine Holliday**

Mailing Address 6116 Sulfur Spring Dr

City Killeen	State TX	Zip Code 76542
-----------------	-------------	-------------------

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

Name of Employer TRISUN Healthcare	Occupation Director of Nursing
---------------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2013

**Transaction ID : SA11AI.23169**

Amount of Each Receipt this Period  

40.00
-------

Full Name (Last, First, Middle Initial)  
**C. Kelly Ann Jalowiec**

Mailing Address 1410 W Fillmore St

City Chicago	State IL	Zip Code 60607
-----------------	-------------	-------------------

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

Name of Employer Girling Home Health	Occupation Vice President, Operations
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **975.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2013

**Transaction ID : SA11AI.22457**

Amount of Each Receipt this Period  

75.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>155.00</b>
<b>TOTAL</b> 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 38 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Kelly Ann Jalowiec</b>			Date of Receipt MM / DD / YYYY 07 / 31 / 2013 <b>Transaction ID : SA11AI.22497</b>
Mailing Address 1410 W Fillmore St			Amount of Each Receipt this Period 75.00
City Chicago	State IL	Zip Code 60607	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1050.00
Name of Employer Girling Home Health		Occupation Vice President, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Kelly Ann Jalowiec</b>			Date of Receipt MM / DD / YYYY 08 / 15 / 2013 <b>Transaction ID : SA11AI.22537</b>
Mailing Address 1410 W Fillmore St			Amount of Each Receipt this Period 75.00
City Chicago	State IL	Zip Code 60607	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1125.00
Name of Employer Girling Home Health		Occupation Vice President, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. Kelly Ann Jalowiec</b>			Date of Receipt MM / DD / YYYY 08 / 30 / 2013 <b>Transaction ID : SA11AI.22575</b>
Mailing Address 1410 W Fillmore St			Amount of Each Receipt this Period 75.00
City Chicago	State IL	Zip Code 60607	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1200.00
Name of Employer Girling Home Health		Occupation Vice President, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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 39 OF 101  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

**A. Lakishia Lanette Jawdjee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5735 Tiger Lilly Way  
 City Houston State TX Zip Code 77085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Girling Community Care Occupation: Regional Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 07 / 15 / 2013  
**Transaction ID : SA11AI.22286**  
 Amount of Each Receipt this Period: 25.00

**B. Lakishia Lanette Jawdjee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5735 Tiger Lilly Way  
 City Houston State TX Zip Code 77085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Girling Community Care Occupation: Regional Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 31 / 2013  
**Transaction ID : SA11AI.22315**  
 Amount of Each Receipt this Period: 25.00

**C. Lakishia Lanette Jawdjee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5735 Tiger Lilly Way  
 City Houston State TX Zip Code 77085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Girling Community Care Occupation: Regional Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 08 / 15 / 2013  
**Transaction ID : SA11AI.22344**  
 Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 40 OF 101  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

**A. Lakishia Lanette Jawdjee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5735 Tiger Lilly Way  
 City Houston State TX Zip Code 77085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Girling Community Care Occupation: Regional Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 08 / 30 / 2013  
**Transaction ID : SA11AI.22373**  
 Amount of Each Receipt this Period: 25.00

**B. Lakishia Lanette Jawdjee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5735 Tiger Lilly Way  
 City Houston State TX Zip Code 77085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Girling Community Care Occupation: Regional Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 09 / 13 / 2013  
**Transaction ID : SA11AI.22396**  
 Amount of Each Receipt this Period: 25.00

**C. Lakishia Lanette Jawdjee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5735 Tiger Lilly Way  
 City Houston State TX Zip Code 77085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Girling Community Care Occupation: Regional Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 30 / 2013  
**Transaction ID : SA11AI.22428**  
 Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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: (check only one)	PAGE 41 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Brenda Kaden</b>		Date of Receipt MM / DD / YYYY 07 / 05 / 2013 <b>Transaction ID : SA11AI.22268</b>
Mailing Address 13601 County Road 7160		Amount of Each Receipt this Period 25.00
City Rolla	State MO	Zip Code 65401
FEC ID number of contributing federal political committee.	C	
Name of Employer Girling Community Care	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. Brenda Kaden</b>		Date of Receipt MM / DD / YYYY 07 / 22 / 2013 <b>Transaction ID : SA11AI.22297</b>
Mailing Address 13601 County Road 7160		Amount of Each Receipt this Period 25.00
City Rolla	State MO	Zip Code 65401
FEC ID number of contributing federal political committee.	C	
Name of Employer Girling Community Care	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Brenda Kaden</b>		Date of Receipt MM / DD / YYYY 08 / 07 / 2013 <b>Transaction ID : SA11AI.22326</b>
Mailing Address 13601 County Road 7160		Amount of Each Receipt this Period 25.00
City Rolla	State MO	Zip Code 65401
FEC ID number of contributing federal political committee.	C	
Name of Employer Girling Community Care	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 42 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Brenda Kaden</b>		Date of Receipt MM / DD / YYYY 08 / 22 / 2013 <b>Transaction ID : SA11AI.22355</b>
Mailing Address 13601 County Road 7160		Amount of Each Receipt this Period 25.00
City Rolla	State MO	Zip Code 65401
FEC ID number of contributing federal political committee.	C	
Name of Employer Girling Community Care	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Brenda Kaden</b>		Date of Receipt MM / DD / YYYY 09 / 06 / 2013 <b>Transaction ID : SA11AI.22384</b>
Mailing Address 13601 County Road 7160		Amount of Each Receipt this Period 25.00
City Rolla	State MO	Zip Code 65401
FEC ID number of contributing federal political committee.	C	
Name of Employer Girling Community Care	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. Brenda Kaden</b>		Date of Receipt MM / DD / YYYY 09 / 20 / 2013 <b>Transaction ID : SA11AI.22410</b>
Mailing Address 13601 County Road 7160		Amount of Each Receipt this Period 25.00
City Rolla	State MO	Zip Code 65401
FEC ID number of contributing federal political committee.	C	
Name of Employer Girling Community Care	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 43 OF 101  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Diane Kenyon**

Mailing Address 285 E Summit Dr

City State Zip Code  
Wimberley TX 78676

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

Name of Employer Occupation  
Harden Healthcare Services Senior Vice President, IT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2013  
**Transaction ID : SA11AI.22722**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Diane Kenyon**

Mailing Address 285 E Summit Dr

City State Zip Code  
Wimberley TX 78676

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

Name of Employer Occupation  
Harden Healthcare Services Senior Vice President, IT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : SA11AI.22742**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Diane Kenyon**

Mailing Address 285 E Summit Dr

City State Zip Code  
Wimberley TX 78676

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

Name of Employer Occupation  
Harden Healthcare Services Senior Vice President, IT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2013  
**Transaction ID : SA11AI.22762**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**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: (check only one)	PAGE 44 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Kimberly A Layton</b>		Date of Receipt MM / DD / YYYY 07 / 15 / 2013 <b>Transaction ID : SA11AI.22671</b>
Mailing Address 9513 Prescott Dr		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. C	Name of Employer Harden Healthcare	Occupation President, Leadership Development Inst
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>B. Kimberly A Layton</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2013 <b>Transaction ID : SA11AI.22679</b>
Mailing Address 9513 Prescott Dr		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. C	Name of Employer Harden Healthcare	Occupation President, Leadership Development Inst
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) <b>C. Kimberly A Layton</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2013 <b>Transaction ID : SA11AI.22687</b>
Mailing Address 9513 Prescott Dr		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. C	Name of Employer Harden Healthcare	Occupation President, Leadership Development Inst
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 45 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

**A. Kimberly A Layton**  
Full Name (Last, First, Middle Initial)

Mailing Address 9513 Prescott Dr

City Austin	State TX	Zip Code 78749
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation President, Leadership Development Inst
---------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

**Transaction ID : SA11AI.22695**

Amount of Each Receipt this Period  
100.00

**B. Kimberly A Layton**  
Full Name (Last, First, Middle Initial)

Mailing Address 9513 Prescott Dr

City Austin	State TX	Zip Code 78749
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation President, Leadership Development Inst
---------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11AI.22703**

Amount of Each Receipt this Period  
100.00

**C. Kimberly A Layton**  
Full Name (Last, First, Middle Initial)

Mailing Address 9513 Prescott Dr

City Austin	State TX	Zip Code 78749
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation President, Leadership Development Inst
---------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : SA11AI.22710**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 46 OF 101  
(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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. George Ledbetter**

Mailing Address 1620 Elder Hill Rd

City State Zip Code  
Driftwood TX 78619

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

Name of Employer Occupation  
Girling Community Care General Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2013  
**Transaction ID : SA11AI.22288**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. George Ledbetter**

Mailing Address 1620 Elder Hill Rd

City State Zip Code  
Driftwood TX 78619

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

Name of Employer Occupation  
Girling Community Care General Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : SA11AI.22317**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. George Ledbetter**

Mailing Address 1620 Elder Hill Rd

City State Zip Code  
Driftwood TX 78619

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

Name of Employer Occupation  
Girling Community Care General Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2013  
**Transaction ID : SA11AI.22345**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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: (check only one)	PAGE 47 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. George Ledbetter</b>			Date of Receipt
Mailing Address 1620 Elder Hill Rd			<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.22375</b>
Driftwood	TX	78619	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
Girling Community Care	General Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="800.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. George Ledbetter</b>			Date of Receipt
Mailing Address 1620 Elder Hill Rd			<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.22398</b>
Driftwood	TX	78619	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
Girling Community Care	General Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="850.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. George Ledbetter</b>			Date of Receipt
Mailing Address 1620 Elder Hill Rd			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.22430</b>
Driftwood	TX	78619	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
Girling Community Care	General Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> 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 48 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Deanna Faye Lewis**

Mailing Address 1645 BENBOW RD

City State Zip Code  
INEZ TX 77968

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

Name of Employer Occupation  
Girling Home Health Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2013  
**Transaction ID : SA11AI.22461**

Amount of Each Receipt this Period  
75.00

Full Name (Last, First, Middle Initial)  
**B. Deanna Faye Lewis**

Mailing Address 1645 BENBOW RD

City State Zip Code  
INEZ TX 77968

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

Name of Employer Occupation  
Girling Home Health Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2013  
**Transaction ID : SA11AI.22501**

Amount of Each Receipt this Period  
75.00

Full Name (Last, First, Middle Initial)  
**C. Deanna Faye Lewis**

Mailing Address 1645 BENBOW RD

City State Zip Code  
INEZ TX 77968

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

Name of Employer Occupation  
Girling Home Health Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
405.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2013  
**Transaction ID : SA11AI.22541**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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 49 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

**A. Deanna Faye Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1645 BENBOW RD

City INEZ State TX Zip Code 77968

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

Name of Employer: Girling Home Health Occupation: Regional Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt: **08 / 30 / 2013**

Transaction ID : **SA11AI.22579**

Amount of Each Receipt this Period: **75.00**

**B. Deanna Faye Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1645 BENBOW RD

City INEZ State TX Zip Code 77968

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

Name of Employer: Girling Home Health Occupation: Regional Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **555.00**

Date of Receipt: **09 / 13 / 2013**

Transaction ID : **SA11AI.22615**

Amount of Each Receipt this Period: **75.00**

**C. Deanna Faye Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1645 BENBOW RD

City INEZ State TX Zip Code 77968

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

Name of Employer: Girling Home Health Occupation: Regional Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt: **09 / 30 / 2013**

Transaction ID : **SA11AI.22649**

Amount of Each Receipt this Period: **75.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **225.00**

**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 50 OF 101  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

**A. William Thomas Linder Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1703 W 5th St  
 City Austin State TX Zip Code 78703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Girling Home Health Vice President, Home Health Sales  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2013  
**Transaction ID : SA11AI.22462**  
 Amount of Each Receipt this Period  
 50.00

**B. William Thomas Linder Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1703 W 5th St  
 City Austin State TX Zip Code 78703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Girling Home Health Vice President, Home Health Sales  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : SA11AI.22502**  
 Amount of Each Receipt this Period  
 50.00

**C. William Thomas Linder Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1703 W 5th St  
 City Austin State TX Zip Code 78703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Girling Home Health Vice President, Home Health Sales  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2013  
**Transaction ID : SA11AI.22542**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 51 OF 101  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. William Thomas Linder Jr.**

Mailing Address 1703 W 5th St

City State Zip Code  
Austin TX 78703

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

Name of Employer Occupation  
Girling Home Health Vice President, Home Health Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : SA11AI.22580**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. William Thomas Linder Jr.**

Mailing Address 1703 W 5th St

City State Zip Code  
Austin TX 78703

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

Name of Employer Occupation  
Girling Home Health Vice President, Home Health Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : SA11AI.22616**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. William Thomas Linder Jr.**

Mailing Address 1703 W 5th St

City State Zip Code  
Austin TX 78703

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

Name of Employer Occupation  
Girling Home Health Vice President, Home Health Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : SA11AI.22650**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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: (check only one)	PAGE 52 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Maria A MacKeil**

Mailing Address 8820 Colberg Dr

City Austin	State TX	Zip Code 78749
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation Director of Internal Audit
---------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2013

**Transaction ID : SA11AI.22672**

Amount of Each Receipt this Period  

25.00
-------

Full Name (Last, First, Middle Initial)  
**B. Maria A MacKeil**

Mailing Address 8820 Colberg Dr

City Austin	State TX	Zip Code 78749
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation Director of Internal Audit
---------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

**Transaction ID : SA11AI.22680**

Amount of Each Receipt this Period  

25.00
-------

Full Name (Last, First, Middle Initial)  
**C. Maria A MacKeil**

Mailing Address 8820 Colberg Dr

City Austin	State TX	Zip Code 78749
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation Director of Internal Audit
---------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

**Transaction ID : SA11AI.22688**

Amount of Each Receipt this Period  

25.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> 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 53 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Maria A MacKeil**

Mailing Address 8820 Colberg Dr

City Austin State TX Zip Code 78749

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

Name of Employer Harden Healthcare Occupation Director of Internal Audit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 30 / 2013**

**Transaction ID : SA11AI.22696**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Maria A MacKeil**

Mailing Address 8820 Colberg Dr

City Austin State TX Zip Code 78749

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

Name of Employer Harden Healthcare Occupation Director of Internal Audit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 13 / 2013**

**Transaction ID : SA11AI.22704**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Cassie Mitchell**

Mailing Address 400 Little El Paso Ranch

City Matindale State TX Zip Code 78655

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

Name of Employer Girling Home Health Occupation Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **75.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 15 / 2013**

**Transaction ID : SA11AI.23354**

Amount of Each Receipt this Period  
**75.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **125.00**

**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 54 OF 101
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**Harden Healthcare LLC Federal PAC**

**A. Cassie Mitchell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 Little El Paso Ranch  
City Matindale State TX Zip Code 78655  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Girling Home Health Occupation: Regional Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 150.00

Date of Receipt: 07 / 31 / 2013  
Transaction ID : SA11AI.23426  
Amount of Each Receipt this Period: 75.00

**B. Cassie Mitchell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 Little El Paso Ranch  
City Matindale State TX Zip Code 78655  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Girling Home Health Occupation: Regional Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 08 / 15 / 2013  
Transaction ID : SA11AI.23497  
Amount of Each Receipt this Period: 75.00

**C. Cassie Mitchell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 Little El Paso Ranch  
City Matindale State TX Zip Code 78655  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Girling Home Health Occupation: Regional Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 30 / 2013  
Transaction ID : SA11AI.23568  
Amount of Each Receipt this Period: 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**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: (check only one)	PAGE 55 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

**A. Cassie Mitchell**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Little El Paso Ranch

City Matindale	State TX	Zip Code 78655
-------------------	-------------	-------------------

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

Name of Employer Girling Home Health	Occupation Regional Vice President
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11AI.23635**

Amount of Each Receipt this Period  

75.00
-------

**B. Cassie Mitchell**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Little El Paso Ranch

City Matindale	State TX	Zip Code 78655
-------------------	-------------	-------------------

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

Name of Employer Girling Home Health	Occupation Regional Vice President
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : SA11AI.23703**

Amount of Each Receipt this Period  

75.00
-------

**C. Deborah Morgan**  
Full Name (Last, First, Middle Initial)

Mailing Address 5404 Agatha Cir

City Austin	State TX	Zip Code 78724
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare Services	Occupation PMO Director
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2013

**Transaction ID : SA11AI.22725**

Amount of Each Receipt this Period  

20.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>170.00</b>
<b>TOTAL</b> 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 56 OF 101  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Deborah Morgan**

Mailing Address 5404 Agatha Cir

City State Zip Code  
Austin TX 78724

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

Name of Employer Occupation  
Harden Healthcare Services PMO Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : SA11AI.22745**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**B. Deborah Morgan**

Mailing Address 5404 Agatha Cir

City State Zip Code  
Austin TX 78724

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

Name of Employer Occupation  
Harden Healthcare Services PMO Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2013  
**Transaction ID : SA11AI.22765**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**C. Deborah Morgan**

Mailing Address 5404 Agatha Cir

City State Zip Code  
Austin TX 78724

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

Name of Employer Occupation  
Harden Healthcare Services PMO Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : SA11AI.22784**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**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: (check only one)	PAGE 57 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Deborah Morgan**

Mailing Address 5404 Agatha Cir

City Austin State TX Zip Code 78724

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

Name of Employer Harden Healthcare Services Occupation PMO Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 13 / 2013**

**Transaction ID : SA11AI.22803**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**B. Deborah Morgan**

Mailing Address 5404 Agatha Cir

City Austin State TX Zip Code 78724

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

Name of Employer Harden Healthcare Services Occupation PMO Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : SA11AI.22819**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**C. Victoria Palm**

Mailing Address 3507 Abrazo

City San Antonio State TX Zip Code 78247

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

Name of Employer TRISUN Healthcare Occupation Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 15 / 2013**

**Transaction ID : SA11AI.22953**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **65.00**

**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: (check only one)	PAGE 58 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Victoria Palm**

Mailing Address 3507 Abrazo

City San Antonio State TX Zip Code 78247

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

Name of Employer TRISUN Healthcare Occupation Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**07 / 31 / 2013**

**Transaction ID : SA11AI.23004**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Victoria Palm**

Mailing Address 3507 Abrazo

City San Antonio State TX Zip Code 78247

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

Name of Employer TRISUN Healthcare Occupation Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**08 / 15 / 2013**

**Transaction ID : SA11AI.23055**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Victoria Palm**

Mailing Address 3507 Abrazo

City San Antonio State TX Zip Code 78247

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

Name of Employer TRISUN Healthcare Occupation Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**08 / 30 / 2013**

**Transaction ID : SA11AI.23105**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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: (check only one)	PAGE 59 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Victoria Palm</b>		Date of Receipt
Mailing Address 3507 Abrazo		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Antonio	TX	78247
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11AI.23155</b>
TRISUN Healthcare	Regional Vice President	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="425.00"/>	<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) <b>B. Victoria Palm</b>		Date of Receipt
Mailing Address 3507 Abrazo		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Antonio	TX	78247
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11AI.23204</b>
TRISUN Healthcare	Regional Vice President	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) <b>C. William B Parrish</b>		Date of Receipt
Mailing Address 3200 Wild Canyon Loop		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Austin	TX	78732
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : SA11AI.22468</b>
Girling Home Health	Vice President, Finance	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="650.00"/>	<input type="text" value="50.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="100.00"/>
<b>TOTAL</b> 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 60 OF 101  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. William B Parrish**

Mailing Address 3200 Wild Canyon Loop

City State Zip Code  
Austin TX 78732

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

Name of Employer Occupation  
Girling Home Health Vice President, Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : SA11AI.22508**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. William B Parrish**

Mailing Address 3200 Wild Canyon Loop

City State Zip Code  
Austin TX 78732

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

Name of Employer Occupation  
Girling Home Health Vice President, Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2013  
**Transaction ID : SA11AI.22548**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. William B Parrish**

Mailing Address 3200 Wild Canyon Loop

City State Zip Code  
Austin TX 78732

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

Name of Employer Occupation  
Girling Home Health Vice President, Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : SA11AI.22586**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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: (check only one)	PAGE 61 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Robin A Polk</b>		Date of Receipt MM / DD / YYYY 07 / 15 / 2013 <b>Transaction ID : SA11AI.22292</b>
Mailing Address 201 County Road 326a		Amount of Each Receipt this Period 25.00
City Rosebud	State TX	Zip Code 76570
FEC ID number of contributing federal political committee. C	Name of Employer Girling Community Care	Occupation Regional Manager, Compliance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. Robin A Polk</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2013 <b>Transaction ID : SA11AI.22321</b>
Mailing Address 201 County Road 326a		Amount of Each Receipt this Period 25.00
City Rosebud	State TX	Zip Code 76570
FEC ID number of contributing federal political committee. C	Name of Employer Girling Community Care	Occupation Regional Manager, Compliance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Robin A Polk</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2013 <b>Transaction ID : SA11AI.22349</b>
Mailing Address 201 County Road 326a		Amount of Each Receipt this Period 25.00
City Rosebud	State TX	Zip Code 76570
FEC ID number of contributing federal political committee. C	Name of Employer Girling Community Care	Occupation Regional Manager, Compliance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 62 OF 101  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Robin A Polk**

Mailing Address 201 County Road 326a

City State Zip Code  
 Rosebud TX 76570

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

Name of Employer Occupation  
 Girling Community Care Regional Manager, Compliance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : SA11AI.22379**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Robin A Polk**

Mailing Address 201 County Road 326a

City State Zip Code  
 Rosebud TX 76570

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

Name of Employer Occupation  
 Girling Community Care Regional Manager, Compliance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : SA11AI.22403**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Robin A Polk**

Mailing Address 201 County Road 326a

City State Zip Code  
 Rosebud TX 76570

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

Name of Employer Occupation  
 Girling Community Care Regional Manager, Compliance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : SA11AI.22434**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 63 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Jeanette Reinert</b>		Date of Receipt MM / DD / YYYY 07 / 15 / 2013 <b>Transaction ID : SA11AI.22954</b>
Mailing Address 3110 Cimmaron Rd		Amount of Each Receipt this Period 25.00
City Weatherford	State TX	Zip Code 76087
FEC ID number of contributing federal political committee. C	Name of Employer TRISUN Healthcare	
Occupation Regional Manager		Aggregate Year-to-Date ▼ 325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jeanette Reinert</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2013 <b>Transaction ID : SA11AI.23005</b>
Mailing Address 3110 Cimmaron Rd		Amount of Each Receipt this Period 25.00
City Weatherford	State TX	Zip Code 76087
FEC ID number of contributing federal political committee. C	Name of Employer TRISUN Healthcare	
Occupation Regional Manager		Aggregate Year-to-Date ▼ 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jeanette Reinert</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2013 <b>Transaction ID : SA11AI.23056</b>
Mailing Address 3110 Cimmaron Rd		Amount of Each Receipt this Period 25.00
City Weatherford	State TX	Zip Code 76087
FEC ID number of contributing federal political committee. C	Name of Employer TRISUN Healthcare	
Occupation Regional Manager		Aggregate Year-to-Date ▼ 375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 64 OF 101  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Jeanette Reinert**

Mailing Address 3110 Cimmaron Rd

City State Zip Code  
Weatherford TX 76087

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

Name of Employer Occupation  
TRISUN Healthcare Regional Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 08 / 30 / 2013  
**Transaction ID : SA11AI.23106**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Jeanette Reinert**

Mailing Address 3110 Cimmaron Rd

City State Zip Code  
Weatherford TX 76087

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

Name of Employer Occupation  
TRISUN Healthcare Regional Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 13 / 2013  
**Transaction ID : SA11AI.23156**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Jeanette Reinert**

Mailing Address 3110 Cimmaron Rd

City State Zip Code  
Weatherford TX 76087

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

Name of Employer Occupation  
TRISUN Healthcare Regional Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 30 / 2013  
**Transaction ID : SA11AI.23205**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 65 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Lisa Roundtree</b>		Date of Receipt
Mailing Address 408 Beauty Ln		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City	State	Zip Code
Whitesboro	TX	76273
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.22874</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MBS Rehab	Occupational Therapist	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="325.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Lisa Roundtree</b>		Date of Receipt
Mailing Address 408 Beauty Ln		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Whitesboro	TX	76273
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.22879</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MBS Rehab	Occupational Therapist	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Lisa Roundtree</b>		Date of Receipt
Mailing Address 408 Beauty Ln		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Whitesboro	TX	76273
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.22883</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MBS Rehab	Occupational Therapist	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="375.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> 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 66 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

**A. Lisa Roundtree**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 Beauty Ln  
 City Whitesboro State TX Zip Code 76273  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MBS Rehab Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 08 / 22 / 2013  
**Transaction ID : SA11AI.22887**  
 Amount of Each Receipt this Period  
 25.00

**B. Lisa Roundtree**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 Beauty Ln  
 City Whitesboro State TX Zip Code 76273  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MBS Rehab Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 09 / 06 / 2013  
**Transaction ID : SA11AI.22891**  
 Amount of Each Receipt this Period  
 25.00

**C. Lisa Roundtree**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 Beauty Ln  
 City Whitesboro State TX Zip Code 76273  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MBS Rehab Occupation Occupational Therapist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 09 / 23 / 2013  
**Transaction ID : SA11AI.22895**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 67 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Chris Roussos</b>		Date of Receipt
Mailing Address 1611 W 5th St		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City Austin	State TX	Zip Code 78713
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.22673</b>
Name of Employer Harden Healthcare		Amount of Each Receipt this Period
Occupation Chief Financial Officer		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="260.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Chris Roussos</b>		Date of Receipt
Mailing Address 1611 W 5th St		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Austin	State TX	Zip Code 78713
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.22681</b>
Name of Employer Harden Healthcare		Amount of Each Receipt this Period
Occupation Chief Financial Officer		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="280.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Chris Roussos</b>		Date of Receipt
Mailing Address 1611 W 5th St		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City Austin	State TX	Zip Code 78713
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.22689</b>
Name of Employer Harden Healthcare		Amount of Each Receipt this Period
Occupation Chief Financial Officer		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="300.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> 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 68 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

**A. Chris Roussos**  
Full Name (Last, First, Middle Initial)

Mailing Address 1611 W 5th St

City Austin State TX Zip Code 78713

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

Name of Employer Harden Healthcare Occupation Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 30 / 2013**

**Transaction ID : SA11AI.22697**

Amount of Each Receipt this Period  
**20.00**

**B. Chris Roussos**  
Full Name (Last, First, Middle Initial)

Mailing Address 1611 W 5th St

City Austin State TX Zip Code 78713

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

Name of Employer Harden Healthcare Occupation Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 13 / 2013**

**Transaction ID : SA11AI.22705**

Amount of Each Receipt this Period  
**20.00**

**C. Chris Roussos**  
Full Name (Last, First, Middle Initial)

Mailing Address 1611 W 5th St

City Austin State TX Zip Code 78713

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

Name of Employer Harden Healthcare Occupation Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : SA11AI.22711**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

**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 69 OF 101  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Kelly Rowe**

Mailing Address 1284 County Road 282

City State Zip Code  
 Bertram TX 78605

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

Name of Employer Occupation  
 Harden Healthcare Services Sr. Network Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2013  
**Transaction ID : SA11AI.22727**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Kelly Rowe**

Mailing Address 1284 County Road 282

City State Zip Code  
 Bertram TX 78605

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

Name of Employer Occupation  
 Harden Healthcare Services Sr. Network Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : SA11AI.22747**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Kelly Rowe**

Mailing Address 1284 County Road 282

City State Zip Code  
 Bertram TX 78605

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

Name of Employer Occupation  
 Harden Healthcare Services Sr. Network Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2013  
**Transaction ID : SA11AI.22767**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 70 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

**A. Kelly Rowe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1284 County Road 282

City Bertram	State TX	Zip Code 78605
-----------------	-------------	-------------------

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

Name of Employer Harden Healthcare Services	Occupation Sr. Network Administrator
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

**Transaction ID : SA11AI.22786**

Amount of Each Receipt this Period  

25.00
-------

**B. Kelly Rowe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1284 County Road 282

City Bertram	State TX	Zip Code 78605
-----------------	-------------	-------------------

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

Name of Employer Harden Healthcare Services	Occupation Sr. Network Administrator
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11AI.22805**

Amount of Each Receipt this Period  

25.00
-------

**C. Kelly Rowe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1284 County Road 282

City Bertram	State TX	Zip Code 78605
-----------------	-------------	-------------------

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

Name of Employer Harden Healthcare Services	Occupation Sr. Network Administrator
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : SA11AI.22821**

Amount of Each Receipt this Period  

25.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> 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 71 OF 101  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Rebecca Shropshire**

Mailing Address 722 Craig St

City Hillboro State TX Zip Code 76645

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

Name of Employer Occupation  
 TRISUN Healthcare Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2013

**Transaction ID : SA11AI.22937**

Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**B. Rebecca Shropshire**

Mailing Address 722 Craig St

City Hillboro State TX Zip Code 76645

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

Name of Employer Occupation  
 TRISUN Healthcare Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2013

**Transaction ID : SA11AI.22988**

Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**C. Rebecca Shropshire**

Mailing Address 722 Craig St

City Hillboro State TX Zip Code 76645

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

Name of Employer Occupation  
 TRISUN Healthcare Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2013

**Transaction ID : SA11AI.23039**

Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

**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 72 OF 101  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Rebecca Shropshire**

Mailing Address 722 Craig St

City Hillboro State TX Zip Code 76645

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

Name of Employer Occupation  
TRISUN Healthcare Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 22 / 2013  
**Transaction ID : SA11AI.23089**

Amount of Each Receipt this Period  
40.00

Full Name (Last, First, Middle Initial)  
**B. Rebecca Shropshire**

Mailing Address 722 Craig St

City Hillboro State TX Zip Code 76645

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

Name of Employer Occupation  
TRISUN Healthcare Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2013  
**Transaction ID : SA11AI.23139**

Amount of Each Receipt this Period  
40.00

Full Name (Last, First, Middle Initial)  
**C. Rebecca Shropshire**

Mailing Address 722 Craig St

City Hillboro State TX Zip Code 76645

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

Name of Employer Occupation  
TRISUN Healthcare Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2013  
**Transaction ID : SA11AI.23188**

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

**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 73 OF 101  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Toni M Silguero**

Mailing Address 3804 Middle Earth Trl

City State Zip Code  
Austin TX 78739

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

Name of Employer Occupation  
Harden Healthcare Services Controller

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2013  
**Transaction ID : SA11AI.22729**

Amount of Each Receipt this Period  
12.50

Full Name (Last, First, Middle Initial)  
**B. Toni M Silguero**

Mailing Address 3804 Middle Earth Trl

City State Zip Code  
Austin TX 78739

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

Name of Employer Occupation  
Harden Healthcare Services Controller

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
212.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : SA11AI.22749**

Amount of Each Receipt this Period  
12.50

Full Name (Last, First, Middle Initial)  
**C. Toni M Silguero**

Mailing Address 3804 Middle Earth Trl

City State Zip Code  
Austin TX 78739

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

Name of Employer Occupation  
Harden Healthcare Services Controller

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2013  
**Transaction ID : SA11AI.22769**

Amount of Each Receipt this Period  
12.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 37.50

**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 74 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

**A. Toni M Silguero**  
Full Name (Last, First, Middle Initial)

Mailing Address 3804 Middle Earth Trl

City Austin State TX Zip Code 78739

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

Name of Employer Harden Healthcare Services Occupation Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : SA11AI.22788**

Amount of Each Receipt this Period  
 12.50

**B. Toni M Silguero**  
Full Name (Last, First, Middle Initial)

Mailing Address 3804 Middle Earth Trl

City Austin State TX Zip Code 78739

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

Name of Employer Harden Healthcare Services Occupation Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : SA11AI.22807**

Amount of Each Receipt this Period  
 12.50

**C. Toni M Silguero**  
Full Name (Last, First, Middle Initial)

Mailing Address 3804 Middle Earth Trl

City Austin State TX Zip Code 78739

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

Name of Employer Harden Healthcare Services Occupation Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : SA11AI.22822**

Amount of Each Receipt this Period  
 12.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	37.50
<b>TOTAL</b> 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 75 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

**A. Jul Simmang**  
Full Name (Last, First, Middle Initial)

Mailing Address 991 Oak Rdg

City Shertz	State TX	Zip Code 78154
----------------	-------------	-------------------

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

Name of Employer MBS Rehab	Occupation Director of Clinical Services
-------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2013

**Transaction ID : SA11AI.22875**

Amount of Each Receipt this Period  

50.00
-------

**B. Jul Simmang**  
Full Name (Last, First, Middle Initial)

Mailing Address 991 Oak Rdg

City Shertz	State TX	Zip Code 78154
----------------	-------------	-------------------

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

Name of Employer MBS Rehab	Occupation Director of Clinical Services
-------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

**Transaction ID : SA11AI.22880**

Amount of Each Receipt this Period  

50.00
-------

**C. Jul Simmang**  
Full Name (Last, First, Middle Initial)

Mailing Address 991 Oak Rdg

City Shertz	State TX	Zip Code 78154
----------------	-------------	-------------------

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

Name of Employer MBS Rehab	Occupation Director of Clinical Services
-------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2013

**Transaction ID : SA11AI.22884**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> 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 76 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Juli Simmang</b>		Date of Receipt MM / DD / YYYY 08 / 22 / 2013 <b>Transaction ID : SA11AI.22888</b>
Mailing Address 991 Oak Rdg		Amount of Each Receipt this Period 50.00
City Shertz	State TX	Zip Code 78154
FEC ID number of contributing federal political committee. C		
Name of Employer MBS Rehab	Occupation Director of Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Juli Simmang</b>		Date of Receipt MM / DD / YYYY 09 / 06 / 2013 <b>Transaction ID : SA11AI.22892</b>
Mailing Address 991 Oak Rdg		Amount of Each Receipt this Period 50.00
City Shertz	State TX	Zip Code 78154
FEC ID number of contributing federal political committee. C		
Name of Employer MBS Rehab	Occupation Director of Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>C. Juli Simmang</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2013 <b>Transaction ID : SA11AI.22896</b>
Mailing Address 991 Oak Rdg		Amount of Each Receipt this Period 50.00
City Shertz	State TX	Zip Code 78154
FEC ID number of contributing federal political committee. C		
Name of Employer MBS Rehab	Occupation Director of Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 77 OF 101  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Kenneth Stribling**

Mailing Address 2419 Edgecliff Path

City State Zip Code  
Georgetown TX 78626

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

Name of Employer Occupation  
TRISUN Healthcare Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2013  
**Transaction ID : SA11AI.22939**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Kenneth Stribling**

Mailing Address 2419 Edgecliff Path

City State Zip Code  
Georgetown TX 78626

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

Name of Employer Occupation  
TRISUN Healthcare Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2013  
**Transaction ID : SA11AI.22990**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Kenneth Stribling**

Mailing Address 2419 Edgecliff Path

City State Zip Code  
Georgetown TX 78626

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

Name of Employer Occupation  
TRISUN Healthcare Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2013  
**Transaction ID : SA11AI.23041**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 78 OF 101  
(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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Kenneth Stribling**

Mailing Address 2419 Edgecliff Path

City State Zip Code  
Georgetown TX 78626

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

Name of Employer Occupation  
TRISUN Healthcare Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 22 / 2013  
**Transaction ID : SA11AI.23091**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Kenneth Stribling**

Mailing Address 2419 Edgecliff Path

City State Zip Code  
Georgetown TX 78626

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

Name of Employer Occupation  
TRISUN Healthcare Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2013  
**Transaction ID : SA11AI.23141**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Kenneth Stribling**

Mailing Address 2419 Edgecliff Path

City State Zip Code  
Georgetown TX 78626

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

Name of Employer Occupation  
TRISUN Healthcare Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2013  
**Transaction ID : SA11AI.23190**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 79 OF 101  
(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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Nancy A Taylor**

Mailing Address 3208 Main Cir W

City Clifton      State CO      Zip Code 81520

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

Name of Employer: Voyager Hospice      Occupation: Clinical Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 15 / 2013**

**Transaction ID : SA11AI.23214**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Nancy A Taylor**

Mailing Address 3208 Main Cir W

City Clifton      State CO      Zip Code 81520

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

Name of Employer: Voyager Hospice      Occupation: Clinical Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2013**

**Transaction ID : SA11AI.23222**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Nancy A Taylor**

Mailing Address 3208 Main Cir W

City Clifton      State CO      Zip Code 81520

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

Name of Employer: Voyager Hospice      Occupation: Clinical Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 15 / 2013**

**Transaction ID : SA11AI.23230**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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: (check only one)	PAGE 80 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Nancy A Taylor**

Mailing Address 3208 Main Cir W

City Clifton State CO Zip Code 81520

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

Name of Employer Voyager Hospice Occupation Clinical Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 23 / 2013**

**Transaction ID : SA11AI.23238**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Charlene Turner**

Mailing Address 2101 Birdie Ct

City San Angelo State TX Zip Code 76904

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

Name of Employer TRISUN Healthcare Occupation Administrator, Regency House

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 08 / 2013**

**Transaction ID : SA11AI.22941**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**c. Charlene Turner**

Mailing Address 2101 Birdie Ct

City San Angelo State TX Zip Code 76904

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

Name of Employer TRISUN Healthcare Occupation Administrator, Regency House

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 22 / 2013**

**Transaction ID : SA11AI.22992**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> 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 81 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Charlene Turner</b>			Date of Receipt
Mailing Address 2101 Birdie Ct			<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.23043</b>
San Angelo	TX	76904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
TRISUN Healthcare	Administrator, Regency House		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Charlene Turner</b>			Date of Receipt
Mailing Address 2101 Birdie Ct			<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.23093</b>
San Angelo	TX	76904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
TRISUN Healthcare	Administrator, Regency House		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Charlene Turner</b>			Date of Receipt
Mailing Address 2101 Birdie Ct			<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.23143</b>
San Angelo	TX	76904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
TRISUN Healthcare	Administrator, Regency House		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="425.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> 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 82 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. Charlene Turner</b>		Date of Receipt
Mailing Address 2101 Birdie Ct		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Angelo	TX	76904
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.23192</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
TRISUN Healthcare	Administrator, Regency House	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Julie Vandre</b>		Date of Receipt
Mailing Address 629 Park Ave		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
New Richmond	WI	54017
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.22475</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Girling Home Health	Vice President, Quality & Compliance	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Julie Vandre</b>		Date of Receipt
Mailing Address 629 Park Ave		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
New Richmond	WI	54017
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.22514</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Girling Home Health	Vice President, Quality & Compliance	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> 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 83 OF 101  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

**A. Julie Vandre**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 629 Park Ave  
 City New Richmond State WI Zip Code 54017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Girling Home Health Vice President, Quality & Compliance  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 15 / 2013  
**Transaction ID : SA11AI.22553**  
 Amount of Each Receipt this Period  
 25.00

**B. Julie Vandre**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 629 Park Ave  
 City New Richmond State WI Zip Code 54017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Girling Home Health Vice President, Quality & Compliance  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : SA11AI.22591**  
 Amount of Each Receipt this Period  
 25.00

**C. Julie Vandre**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 629 Park Ave  
 City New Richmond State WI Zip Code 54017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Girling Home Health Vice President, Quality & Compliance  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : SA11AI.22626**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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: (check only one)	PAGE 84 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

**A. Julie Vandre**  
Full Name (Last, First, Middle Initial)

Mailing Address 629 Park Ave

City New Richmond State WI Zip Code 54017

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

Name of Employer Occupation  
Girling Home Health Vice President, Quality & Compliance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : SA11AI.22659**

Amount of Each Receipt this Period  
25.00

**B. Ronda Van Meter**  
Full Name (Last, First, Middle Initial)

Mailing Address 253 LCR 405

City Mexia State TX Zip Code 76667

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

Name of Employer Occupation  
Girling Home Health Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
07 / 15 / 2013  
**Transaction ID : SA11AI.22474**

Amount of Each Receipt this Period  
75.00

**C. Ronda Van Meter**  
Full Name (Last, First, Middle Initial)

Mailing Address 253 LCR 405

City Mexia State TX Zip Code 76667

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

Name of Employer Occupation  
Girling Home Health Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
07 / 31 / 2013  
**Transaction ID : SA11AI.22513**

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00

**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: (check only one)	PAGE 85 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Ronda Van Meter**

Mailing Address 253 LCR 405

City Mexia	State TX	Zip Code 76667
---------------	-------------	-------------------

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

Name of Employer Girling Home Health	Occupation Regional Vice President
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **825.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

**Transaction ID : SA11AI.22552**

Amount of Each Receipt this Period  

75.00
-------

Full Name (Last, First, Middle Initial)  
**B. Ronda Van Meter**

Mailing Address 253 LCR 405

City Mexia	State TX	Zip Code 76667
---------------	-------------	-------------------

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

Name of Employer Girling Home Health	Occupation Regional Vice President
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

**Transaction ID : SA11AI.22590**

Amount of Each Receipt this Period  

75.00
-------

Full Name (Last, First, Middle Initial)  
**C. Ronda Van Meter**

Mailing Address 253 LCR 405

City Mexia	State TX	Zip Code 76667
---------------	-------------	-------------------

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

Name of Employer Girling Home Health	Occupation Regional Vice President
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **975.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : SA11AI.22625**

Amount of Each Receipt this Period  

75.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>225.00</b>
<b>TOTAL</b> 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 86 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Jennifer Lynn Vogt**

Mailing Address 4506 Grand Cypress Dr

City State Zip Code  
Austin TX 78747

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

Name of Employer Occupation  
Girling Community Care Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**715.00**

Date of Receipt  
MM / DD / YYYY  
**07 / 15 / 2013**

**Transaction ID : SA11AI.22294**

Amount of Each Receipt this Period  
**55.00**

Full Name (Last, First, Middle Initial)  
**B. Jennifer Lynn Vogt**

Mailing Address 4506 Grand Cypress Dr

City State Zip Code  
Austin TX 78747

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

Name of Employer Occupation  
Girling Community Care Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**770.00**

Date of Receipt  
MM / DD / YYYY  
**07 / 31 / 2013**

**Transaction ID : SA11AI.22323**

Amount of Each Receipt this Period  
**55.00**

Full Name (Last, First, Middle Initial)  
**C. Jennifer Lynn Vogt**

Mailing Address 4506 Grand Cypress Dr

City State Zip Code  
Austin TX 78747

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

Name of Employer Occupation  
Girling Community Care Regional Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**825.00**

Date of Receipt  
MM / DD / YYYY  
**08 / 15 / 2013**

**Transaction ID : SA11AI.22351**

Amount of Each Receipt this Period  
**55.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>165.00</b>
<b>TOTAL</b> 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 87 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

**A. Jennifer Lynn Vogt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4506 Grand Cypress Dr  
City Austin State TX Zip Code 78747  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Girling Community Care Occupation: Regional Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **880.00**

Date of Receipt: 08 / 30 / 2013  
**Transaction ID : SA11AI.22381**  
Amount of Each Receipt this Period: **55.00**

**B. Jennifer Lynn Vogt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4506 Grand Cypress Dr  
City Austin State TX Zip Code 78747  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Girling Community Care Occupation: Regional Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **935.00**

Date of Receipt: 09 / 13 / 2013  
**Transaction ID : SA11AI.22406**  
Amount of Each Receipt this Period: **55.00**

**C. Jennifer Lynn Vogt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4506 Grand Cypress Dr  
City Austin State TX Zip Code 78747  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Girling Community Care Occupation: Regional Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **990.00**

Date of Receipt: 09 / 30 / 2013  
**Transaction ID : SA11AI.22436**  
Amount of Each Receipt this Period: **55.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>165.00</b>
<b>TOTAL</b> 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 88 OF 101
	<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)  
**Harden Healthcare LLC Federal PAC**

**A. Iris B Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3733 Locke Ln

City Corpus Christi	State TX	Zip Code 78415
------------------------	-------------	-------------------

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

Name of Employer MBS Rehab	Occupation Director of Operations
-------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07	/	08	/	2013

**Transaction ID : SA11AI.22876**

Amount of Each Receipt this Period  

25.00
-------

**B. Iris B Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3733 Locke Ln

City Corpus Christi	State TX	Zip Code 78415
------------------------	-------------	-------------------

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

Name of Employer MBS Rehab	Occupation Director of Operations
-------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07	/	22	/	2013

**Transaction ID : SA11AI.22881**

Amount of Each Receipt this Period  

25.00
-------

**C. Iris B Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3733 Locke Ln

City Corpus Christi	State TX	Zip Code 78415
------------------------	-------------	-------------------

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

Name of Employer MBS Rehab	Occupation Director of Operations
-------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	07	/	2013

**Transaction ID : SA11AI.22885**

Amount of Each Receipt this Period  

25.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> 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 89 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

**A. Iris B Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3733 Locke Ln  
City Corpus Christi State TX Zip Code 78415  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MBS Rehab Occupation Director of Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2013  
**Transaction ID : SA11AI.22889**  
Amount of Each Receipt this Period  
25.00

**B. Iris B Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3733 Locke Ln  
City Corpus Christi State TX Zip Code 78415  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MBS Rehab Occupation Director of Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
MM / DD / YYYY  
09 / 06 / 2013  
**Transaction ID : SA11AI.22893**  
Amount of Each Receipt this Period  
25.00

**C. Iris B Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3733 Locke Ln  
City Corpus Christi State TX Zip Code 78415  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MBS Rehab Occupation Director of Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2013  
**Transaction ID : SA11AI.22897**  
Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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: (check only one)	PAGE 90 OF 101
<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)  
**Harden Healthcare LLC Federal PAC**

**A. Troy Adam Yarborough**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1703 W 5th St Ste 700

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation Senior Vice President
---------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2013

**Transaction ID : SA11AI.22674**

Amount of Each Receipt this Period  

50.00
-------

**B. Troy Adam Yarborough**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1703 W 5th St Ste 700

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation Senior Vice President
---------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

**Transaction ID : SA11AI.22682**

Amount of Each Receipt this Period  

50.00
-------

**C. Troy Adam Yarborough**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1703 W 5th St Ste 700

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation Senior Vice President
---------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

**Transaction ID : SA11AI.22690**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> 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 91 OF 101
(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)  
**Harden Healthcare LLC Federal PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Troy Adam Yarborough**

Mailing Address 1703 W 5th St Ste 700

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation Senior Vice President
---------------------------------------	-------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2013

**Transaction ID : SA11AI.22698**

Amount of Each Receipt this Period  
50.00

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12271.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Atchley & Associates LLP**

Mailing Address 6850 Austin Center Blvd Ste 180

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Accounting & Compliance Services

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2013

Transaction ID : SB21B.23712

Amount of Each Disbursement this Period

612.00

Full Name (Last, First, Middle Initial)

**B. Atchley & Associates LLP**

Mailing Address 6850 Austin Center Blvd Ste 180

City Austin State TX Zip Code 78731

Purpose of Disbursement  
Accounting & Compliance Services

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2013

Transaction ID : SB21B.23714

Amount of Each Disbursement this Period

2258.41

Full Name (Last, First, Middle Initial)

**C. Harden Healthcare Services**

Mailing Address 1703 W 5th St Ste 800

City Austin State TX Zip Code 78703

Purpose of Disbursement  
Administrative Services

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2013

Transaction ID : SB21B.23754

Amount of Each Disbursement this Period

150.00

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

3020.41

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Harden Healthcare Services**

Mailing Address 1703 W 5th St Ste 800

City Austin State TX Zip Code 78703

Purpose of Disbursement  
Administrative Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.23731**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Harden Healthcare Services**

Mailing Address 1703 W 5th St Ste 800

City Austin State TX Zip Code 78703

Purpose of Disbursement  
Administrative Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.23732**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Harden Healthcare Services**

Mailing Address 1703 W 5th St Ste 800

City Austin State TX Zip Code 78703

Purpose of Disbursement  
Administrative Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.23733**

Amount of Each Disbursement this Period

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

**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)

<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)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)

**A. BILL FLORES FOR CONGRESS**

Mailing Address PO BOX 6207

City BRYAN State TX Zip Code 77805

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**BILL FLORES**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2013

Transaction ID : SB23.23715

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. BRALEY FOR IOWA**

Mailing Address PO BOX 856

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**BRUCE L BRALEY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2013

Transaction ID : SB23.23716

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. GENTIVA HEALTH SERVICES INC PAC GENTIVAPAC**

Mailing Address 3350 RIVERWOOD PKWY  
SUITE 1400

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2013

Transaction ID : SB23.23726

Amount of Each Disbursement this Period

5000.00

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

9500.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Tony Dale**

Mailing Address 104 Breakaway Rd

City Cedar Park State TX Zip Code 78613-6991

Purpose of Disbursement  
Political contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.23717**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Drew Darby**

Mailing Address PO Box 3284

City San Angelo State TX Zip Code 76902

Purpose of Disbursement  
Political contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.23718**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Sarah Davis**

Mailing Address 4203 Tennyson

City Houston State TX Zip Code 77005

Purpose of Disbursement  
Political contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.23719**

Amount of Each Disbursement this Period

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

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)

**A. j Harold V Dutton**

Mailing Address 4001 Jewett St

City Houston State TX Zip Code 77026

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2013			

Transaction ID : SB29.23720

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Kevin Eltife**

Mailing Address 417 S COLLEGE

City TYLER State TX Zip Code 75702

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2013			

Transaction ID : SB29.23723

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF BOB DEUELL**

Mailing Address PO BOX 8609

City GREENVILLE State TX Zip Code 75404

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2013			

Transaction ID : SB29.23724

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOHN ZERWAS**

Mailing Address PO BOX 852

City FULSHEAR State TX Zip Code 77441

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.23725**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Craig Goldman**

Mailing Address PO Box 100039

City Fort Worth State TX Zip Code 76185

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.23729**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Sen. Juan (Chuy) Hinojosa**

Mailing Address PO BOX 1421

City AUSTIN State TX Zip Code 78767

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.23734**

Amount of Each Disbursement this Period

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

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Todd Hunter**

Mailing Address 445 CAPE HENRY

City State Zip Code  
CORPUS CHRISTI TX 78412

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.23735

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. Sen. Jane Nelson**

Mailing Address PO Box 608

City State Zip Code  
Grapevine TX 76099

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2013

Transaction ID : SB29.23737

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Sen. Robert Nichols**

Mailing Address 214 E Commerce

City State Zip Code  
Jacksonville TX 75766

Purpose of Disbursement  
Political contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2013

Transaction ID : SB29.23738

Amount of Each Disbursement this Period

1000.00

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

4200.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)

**A. John Otto**

Mailing Address PO Box 965

City Dayton State TX Zip Code 77535

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2013

**Transaction ID : SB29.23739**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Representative Richard Pena Raymond Future of Texas Fund**

Mailing Address PO BOX 450349

City LARDEO State TX Zip Code 78045

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2013

**Transaction ID : SB29.23744**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. TEXANS FOR CHARLES SCHWERTNER**

Mailing Address PO BOX 2448

City GEORGETOWN State TX Zip Code 78627

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2013

**Transaction ID : SB29.23747**

Amount of Each Disbursement this Period

5000.00

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

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

12500.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Texas Home Care and Hospice PAC - State**

Mailing Address 3737 Executive Center Dr Ste 268

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

City Austin State TX Zip Code 78731

**Transaction ID : SB29.23748**

Purpose of Disbursement  
Political Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000.00
---------

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Hon. Sylvester Turner**

Mailing Address 440 Louisiana Ste 1880

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2013

City Houston State TX Zip Code 77002

**Transaction ID : SB29.23750**

Purpose of Disbursement  
Political Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1500.00
---------

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

6500.00
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**TOTAL** This Period (last page this line number only)..... ▶

52200.00
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