

Image# 12971267077

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**Harden Healthcare LLC Federal PAC**

ADDRESS (number and street) 1703 W. 5th Street  
Suite 700  
Austin TX 78703  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**C** C00489740

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

- (Choose One)
- (a) Quarterly Reports:
  - April 15 Quarterly Report (Q1)
  - July 15 Quarterly Report (Q2)
  - October 15 Quarterly Report (Q3)
  - January 31 Year-End Report (YE)
  - July 31 Mid-Year Report (Non-election Year Only) (MY)
  - Termination Report (TER)

- (b) Monthly Report Due On:
  - Feb 20 (M2)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
 Election on **06** / **26** / **2012** in the State of **CO**

(d) 30-Day **POST**-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
 Election on / / in the State of

5. Covering Period **05** / **10** / **2012** through **06** / **06** / **2012**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Thomas Lloyd Wilson

Signature of Treasurer Thomas Lloyd Wilson [Electronically Filed] Date **06** / **14** / **2012**

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2012"/>	<input type="text" value="57115.50"/>	<input type="text" value="57115.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="53377.30"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6751.90"/>	<input type="text" value="39813.70"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="60129.20"/>	<input type="text" value="96929.20"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5240.00"/>	<input type="text" value="42040.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="54889.20"/>	<input type="text" value="54889.20"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	5090.00	24644.00
(ii) Unitemized .....	1661.90	15169.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6751.90	39813.70
(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) .....	6751.90	39813.70
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	6751.90	39813.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6751.90	39813.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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 .....	0.00	845.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	845.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2240.00	23990.00
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 .....	3000.00	17205.00
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)) ..	5240.00	42040.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5240.00	42040.00

**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) .....	6751.90	39813.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6751.90	39813.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	845.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	845.00

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

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

FOR LINE NUMBER: PAGE 6 OF 40  
(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. Cecilia Abbott**

Mailing Address 2601 Wooldridge

City Austin State TX Zip Code 78703

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

Name of Employer Harden Healthcare Services Occupation Managing Dir of Community Rel

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  
**05 / 15 / 2012**

**Transaction ID : SA11AI.10519**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 1211 S Gingko Ln

City Andover State KS Zip Code 67002

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

Name of Employer Voyager Hospice Occupation Executive Director

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  
**05 / 22 / 2012**

**Transaction ID : SA11AI.10663**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 18821 Golddust 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 ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 15 / 2012**

**Transaction ID : SA11AI.10528**

Amount of Each Receipt this Period  
**100.00**

**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 7 OF 40
<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**

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

Mailing Address 18821 Golddust 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 ▼ 1000.00

Date of Receipt: 05 / 31 / 2012  
Transaction ID : SA11AI.10860

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

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

Name of Employer: Harden Healthcare Services  
Occupation: Senior Vice President, Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 05 / 15 / 2012  
Transaction ID : SA11AI.10529

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

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

Name of Employer: Harden Healthcare Services  
Occupation: Senior Vice President, Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 31 / 2012  
Transaction ID : SA11AI.10861

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: PAGE 8 OF 40  
(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. Richard W Breuss III**

Mailing Address 6175 Colt Dr

City State Zip Code  
West Des Moines IA 50131

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

Name of Employer Occupation  
Voyager Hospice Regional Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2012  
**Transaction ID : SA11AI.10670**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Timothy R Brittingham**

Mailing Address 2807 S Gary Avenue

City State Zip Code  
Tulsa OK 74114

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

Name of Employer Occupation  
Girling Community Care Regional Manager, Oklahoma

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2012  
**Transaction ID : SA11AI.10509**

Amount of Each Receipt this Period  
60.00

Full Name (Last, First, Middle Initial)  
**C. Timothy R Brittingham**

Mailing Address 2807 S Gary Avenue

City State Zip Code  
Tulsa OK 74114

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

Name of Employer Occupation  
Girling Community Care Regional Manager, Oklahoma

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  
 05 / 28 / 2012  
**Transaction ID : SA11AI.10848**

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.00

**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 9 OF 40
<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**

**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 ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2012  
**Transaction ID : SA11AI.10533**  
 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 ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : SA11AI.10867**  
 Amount of Each Receipt this Period  
 200.00

**C. Cathi Coney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7207 Nine Oaks Cove  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2012  
**Transaction ID : SA11AI.10686**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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 40
<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**

**A. Gloria R Crawford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6013 Forest Shadow

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
05	/	15	/	2012

**Transaction ID : SA11AI.10540**

Amount of Each Receipt this Period  

30.00
-------

**B. Gloria R Crawford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6013 Forest Shadow

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 ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

**Transaction ID : SA11AI.10874**

Amount of Each Receipt this Period  

30.00
-------

**C. Lisa Lynn Cupps**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2450 CR 253

City Comanche	State TX	Zip Code 76442
------------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation Regional Director, West Texas
--	---

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
05	/	15	/	2012

**Transaction ID : SA11AI.10542**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>110.00</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 11 OF 40
<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**

**A. Lisa Lynn Cupps**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2450 CR 253

City Comanche	State TX	Zip Code 76442
------------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation Regional Director, West Texas
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

**Transaction ID : SA11AI.10876**

Amount of Each Receipt this Period  
50.00

**B. Wendy L Day**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4809 Sinclair Ave

City Austin	State TX	Zip Code 78756
----------------	-------------	-------------------

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

Name of Employer TRISUN Healthcare	Occupation Administrator
---------------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2012

**Transaction ID : SA11AI.10690**

Amount of Each Receipt this Period  
50.00

**C. James Wayne Douglas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4701 Circle Oak Cove

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2012

**Transaction ID : SA11AI.10544**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<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 12 OF 40
	<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**

**A. James Wayne Douglas**  
Full Name (Last, First, Middle Initial)

Mailing Address 4701 Circle Oak Cove

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 ▼ 1000.00

Date of Receipt: 05 / 31 / 2012  
**Transaction ID : SA11AI.10878**

Amount of Each Receipt this Period: 100.00

**B. Mark Duncan**  
Full Name (Last, First, Middle Initial)

Mailing Address 799 W Bartlett

City Buda State TX Zip Code 78610

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

Name of Employer: TRISUN Healthcare Occupation: Vice President, Operations, North

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt: 05 / 15 / 2012  
**Transaction ID : SA11AI.10545**

Amount of Each Receipt this Period: 75.00

**C. Mark Duncan**  
Full Name (Last, First, Middle Initial)

Mailing Address 799 W Bartlett

City Buda State TX Zip Code 78610

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

Name of Employer: TRISUN Healthcare Occupation: Vice President, Operations, North

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 05 / 31 / 2012  
**Transaction ID : SA11AI.10879**

Amount of Each Receipt this Period: 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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 13 OF 40
<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**

**A. Dianne B Edwards**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6600 Lands End

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 ▼  
225.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	15	/	2012

**Transaction ID : SA11AI.10547**

Amount of Each Receipt this Period  
25.00

**B. Dianne B Edwards**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6600 Lands End

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 ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	31	/	2012

**Transaction ID : SA11AI.10881**

Amount of Each Receipt this Period  
25.00

**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 ▼  
900.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	15	/	2012

**Transaction ID : SA11AI.10548**

Amount of Each Receipt this Period  
100.00

<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: (check only one)	PAGE 14 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Scott Ellyson**

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 ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : SA11AI.10882**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 400 E Red Bridge

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 ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2012  
**Transaction ID : SA11AI.10698**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 4404 Koehler St Apt B

City Houston State TX Zip Code 77007

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

Name of Employer Girling Home Health Occupation Regional VP

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  
 05 / 15 / 2012  
**Transaction ID : SA11AI.10553**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<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 15 OF 40
<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**

**A. Patricia A. (Tricia) Fox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O 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 **450.00**

Date of Receipt: 05 / 15 / 2012  
**Transaction ID : SA11AI.10555**  
 Amount of Each Receipt this Period: **50.00**

**B. Patricia A. (Tricia) Fox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O 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 **500.00**

Date of Receipt: 05 / 31 / 2012  
**Transaction ID : SA11AI.10888**  
 Amount of Each Receipt this Period: **50.00**

**C. Lori Don McNamee Gregory**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 555 E 5th St #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 **225.00**

Date of Receipt: 05 / 15 / 2012  
**Transaction ID : SA11AI.10558**  
 Amount of Each Receipt this Period: **25.00**

**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: (check only one)	PAGE 16 OF 40
<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. Lori Don McNamee Gregory</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : SA11AI.10893</b>
Mailing Address 555 E 5th St #2819		Amount of Each Receipt this Period 250.00
City Austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 250.00
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) ▼		

Full Name (Last, First, Middle Initial) <b>B. Olga Guerra</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2012 <b>Transaction ID : SA11AI.10560</b>
Mailing Address 2201 North 25 and 1/2 Street		Amount of Each Receipt this Period 25.00
City McAllen State TX Zip Code 78501	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 225.00
Name of Employer: Girling Community Care	Occupation: Branch Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Olga Guerra</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : SA11AI.10895</b>
Mailing Address 2201 North 25 and 1/2 Street		Amount of Each Receipt this Period 250.00
City McAllen State TX Zip Code 78501	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 250.00
Name of Employer: Girling Community Care	Occupation: Branch Director	
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: (check only one)	PAGE 17 OF 40
<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**

**A. Elaine Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6480 CR 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 **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 22 / 2012**  
**Transaction ID : SA11AI.10716**  
 Amount of Each Receipt this Period  
**250.00**

**B. Benjamin Hanson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2211 Sunny Slope Drive  
 City Austin State TX Zip Code 78703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harden Healthcare Occupation Sr Vice President & General Counsel  
 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  
**05 / 15 / 2012**  
**Transaction ID : SA11AI.10563**  
 Amount of Each Receipt this Period  
**200.00**

**C. Benjamin Hanson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2211 Sunny Slope Drive  
 City Austin State TX Zip Code 78703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harden Healthcare Occupation Sr Vice President & General Counsel  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2012**  
**Transaction ID : SA11AI.10898**  
 Amount of Each Receipt this Period  
**200.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>425.00</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 18 OF 40  
(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. Eric J Hansum**

Mailing Address 3005 Chantelaine Dr

City State Zip Code  
 Austin TX 78746

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

Name of Employer Occupation  
 Harden Healthcare Legal

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  
 05 / 15 / 2012  
**Transaction ID : SA11AI.10564**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Eric J Hansum**

Mailing Address 3005 Chantelaine Dr

City State Zip Code  
 Austin TX 78746

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

Name of Employer Occupation  
 Harden Healthcare Legal

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : SA11AI.10899**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Robin J Hayes**

Mailing Address 6112 Jumano Lane

City State Zip Code  
 Austin TX 78749

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

Name of Employer Occupation  
 TRISUN Healthcare Vice President, Professional Services

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  
 05 / 15 / 2012  
**Transaction ID : SA11AI.10567**

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 19 OF 40
	<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. Robin J Hayes**

Mailing Address 6112 Jumano Lane

City Austin State TX Zip Code 78749

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

Name of Employer TRISUN Healthcare Occupation Vice President, Professional Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2012**

**Transaction ID : SA11AI.10902**

Amount of Each Receipt this Period  
**50.00**

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 Girling Community Care Occupation Registered Nurse

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  
**05 / 10 / 2012**

**Transaction ID : SA11AI.10502**

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 Girling Community Care Occupation Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 23 / 2012**

**Transaction ID : SA11AI.10837**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **100.00**

**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 20 OF 40
<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. Tina Hilmas</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2012 <b>Transaction ID : SA11AI.10980</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 Registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Chelsea M Holden</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2012 <b>Transaction ID : SA11AI.10571</b>
Mailing Address 4000 Dunning Lane		Amount of Each Receipt this Period 25.00
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 ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. Chelsea M Holden</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : SA11AI.10906</b>
Mailing Address 4000 Dunning Lane		Amount of Each Receipt this Period 25.00
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 ▼ 250.00	

<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 21 OF 40
<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. Maxzine Holliday</b>		Date of Receipt
Mailing Address 6116 Sulfer Spring		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City Killeen State TX Zip Code 76542		<b>Transaction ID : SA11Al.10722</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation TRISUN Healthcare Director of Nursing		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Kelly Ann Jalowiec</b>		Date of Receipt
Mailing Address 1410 W Fillmore St		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Chicago State IL Zip Code 60607		<b>Transaction ID : SA11Al.10577</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Girling Home Health Vice President, Operations		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="675.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Kelly Ann Jalowiec</b>		Date of Receipt
Mailing Address 1410 W Fillmore St		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City Chicago State IL Zip Code 60607		<b>Transaction ID : SA11Al.10911</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Girling Home Health Vice President, Operations		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="750.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="190.00"/>
<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 22 OF 40
<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**

**A. Lakishia Lanette Jawdjee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5735 Tioger 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 **225.00**

Date of Receipt: **05 / 15 / 2012**  
**Transaction ID : SA11AI.10578**  
 Amount of Each Receipt this Period: **25.00**

**B. Lakishia Lanette Jawdjee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5735 Tioger 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 **250.00**

Date of Receipt: **05 / 31 / 2012**  
**Transaction ID : SA11AI.10912**  
 Amount of Each Receipt this Period: **25.00**

**C. Brenda Kaden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13601 CR 7160  
 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:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt: **05 / 10 / 2012**  
**Transaction ID : SA11AI.10504**  
 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 23 OF 40
	<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. Brenda Kaden**

Mailing Address 13601 CR 7160

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 23 / 2012**

**Transaction ID : SA11AI.10839**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Brenda Kaden**

Mailing Address 13601 CR 7160

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:  
 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  
**06 / 06 / 2012**

**Transaction ID : SA11AI.10982**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Cindy K Keim**

Mailing Address 11512 Ballentine St

City Overland Park State KS Zip Code 66210

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

Name of Employer: **Hospice Care of Kansas**  
Occupation: **Regional Vice President**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 22 / 2012**

**Transaction ID : SA11AI.10733**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</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 24 OF 40
	<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. Diane Kenyon**  
Full Name (Last, First, Middle Initial)

Mailing Address 285 E Summit Dr

City Wimberley	State TX	Zip Code 78676
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2012  
**Transaction ID : SA11AI.10583**

Amount of Each Receipt this Period  
 125.00

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

Mailing Address 285 E Summit Dr

City Wimberley	State TX	Zip Code 78676
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : SA11AI.10918**

Amount of Each Receipt this Period  
 125.00

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

Mailing Address 9513 Prescott Drive

City Austin	State TX	Zip Code 78748
----------------	-------------	-------------------

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 ▼  
900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2012  
**Transaction ID : SA11AI.10588**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<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 25 OF 40
<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. Kimberly A Layton</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2012 <b>Transaction ID : SA11AI.10922</b>
Mailing Address 9513 Prescott Drive		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78748
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. George Ledbetter</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 15 / 2012 <b>Transaction ID : SA11AI.10590</b>
Mailing Address 1620 Elderhill Road		Amount of Each Receipt this Period 50.00
City Driftwood	State TX	Zip Code 78619
FEC ID number of contributing federal political committee. C		
Name of Employer Girling Community Care	Occupation General Manager	
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. George Ledbetter</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2012 <b>Transaction ID : SA11AI.10924</b>
Mailing Address 1620 Elderhill Road		Amount of Each Receipt this Period 50.00
City Driftwood	State TX	Zip Code 78619
FEC ID number of contributing federal political committee. C		
Name of Employer Girling Community Care	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<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 26 OF 40
	<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. 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 ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 15 / 2012**

**Transaction ID : SA11AI.10594**

Amount of Each Receipt this Period  
**50.00**

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 ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2012**

**Transaction ID : SA11AI.10930**

Amount of Each Receipt this Period  
**50.00**

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 ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 15 / 2012**

**Transaction ID : SA11AI.10608**

Amount of Each Receipt this Period  
**25.00**

**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: (check only one)	PAGE 27 OF 40
<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**

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

Mailing Address 3200 Wild Canyon Loop

City Austin	State TX	Zip Code 78732
----------------	-------------	-------------------

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

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

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
05	/	15	/	2012

**Transaction ID : SA11AI.10609**

Amount of Each Receipt this Period  

50.00
-------

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

Mailing Address 3200 Wild Canyon Loop

City Austin	State TX	Zip Code 78732
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

**Transaction ID : SA11AI.10943**

Amount of Each Receipt this Period  

50.00
-------

**C. Mark Pinckard**  
Full Name (Last, First, Middle Initial)

Mailing Address 2913 Richfield Landing

City Pflugerville	State TX	Zip Code 78660
----------------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation Financial Analyst
--	---------------------------------

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
05	/	15	/	2012

**Transaction ID : SA11AI.10611**

Amount of Each Receipt this Period  

25.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>125.00</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 28 OF 40
<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**

**A. Mark Pinckard**  
Full Name (Last, First, Middle Initial)

Mailing Address 2913 Richfield Landing

City Pflugerville State TX Zip Code 78660

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

Name of Employer: Girling Community Care Occupation: Financial Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 31 / 2012  
**Transaction ID : SA11AI.10945**

Amount of Each Receipt this Period: 250.00

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

Mailing Address 201 CR 326A

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 05 / 15 / 2012  
**Transaction ID : SA11AI.10612**

Amount of Each Receipt this Period: 25.00

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

Mailing Address 201 CR 326A

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 31 / 2012  
**Transaction ID : SA11AI.10946**

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 29 OF 40
	<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. Shanni F Ponce**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2818 Fountain Grove Cove  
City Round Rock State TX Zip Code 78665  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MBS Rehab Occupation Senior Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 22 / 2012  
**Transaction ID : SA11AI.10782**  
Amount of Each Receipt this Period 400.00

**B. Jeanette Reinert**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3110 Cimmaron Road  
City Weatherford State TX Zip Code 76087  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TRISUN Healthcare Occupation Regional Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 15 / 2012  
**Transaction ID : SA11AI.10617**  
Amount of Each Receipt this Period 25.00

**C. Jeanette Reinert**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3110 Cimmaron Road  
City Weatherford State TX Zip Code 76087  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TRISUN Healthcare Occupation Regional Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : SA11AI.10950**  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**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 30 OF 40  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. Lisa Roundtree**

Mailing Address 408 Beauty Lane

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2012

Transaction ID : SA11AI.10797

Amount of Each Receipt this Period  
 25.00

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

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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2012

Transaction ID : SA11AI.10621

Amount of Each Receipt this Period  
 25.00

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

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012

Transaction ID : SA11AI.10954

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 31 OF 40
	<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. Kathleen M Schellhaas**  
Full Name (Last, First, Middle Initial)

Mailing Address 2535 Grassy Spring Pl

City Las Vegas State NV Zip Code 89135

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

Name of Employer Harden Healthcare Occupation Business Development

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  
**05 / 15 / 2012**

**Transaction ID : SA11AI.10624**

Amount of Each Receipt this Period  
**25.00**

**B. Kathleen M Schellhaas**  
Full Name (Last, First, Middle Initial)

Mailing Address 2535 Grassy Spring Pl

City Las Vegas State NV Zip Code 89135

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

Name of Employer Harden Healthcare Occupation Business Development

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  
**05 / 31 / 2012**

**Transaction ID : SA11AI.10956**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 722 Craig St

City Hillboro State TX Zip Code 76645

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

Name of Employer TRISUN Healthcare 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  
**05 / 22 / 2012**

**Transaction ID : SA11AI.10804**

Amount of Each Receipt this Period  
**40.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</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 40  
(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**

**A. Toni M Silguero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3804 Middle Earth Trail  
 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  
 05 / 15 / 2012  
**Transaction ID : SA11AI.10628**  
 Amount of Each Receipt this Period  
 25.00

**B. Toni M Silguero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3804 Middle Earth Trail  
 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 ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : SA11AI.10959**  
 Amount of Each Receipt this Period  
 25.00

**C. Juli Simmang**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 991 Oak Ridge  
 City State Zip Code  
 Shertz TX 78154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MBS Rehab Director of Clinical Services  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2012  
**Transaction ID : SA11AI.10805**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**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 40
	<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. Robert E Steel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5315 Magdalena Dr  
City Austin State TX Zip Code 78735  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harden Healthcare Occupation Finance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 15 / 2012  
**Transaction ID : SA11AI.10629**  
Amount of Each Receipt this Period 25.00

**B. Robert E Steel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5315 Magdalena Dr  
City Austin State TX Zip Code 78735  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harden Healthcare Occupation Finance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : SA11AI.10960**  
Amount of Each Receipt this Period 25.00

**C. Kenneth Stribling**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2419 Edgecliff Path  
City Georgetown State TX Zip Code 78626  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TRISUN Healthcare Occupation Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 514.00

Date of Receipt 05 / 22 / 2012  
**Transaction ID : SA11AI.10809**  
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 34 OF 40
<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. Nancy A Taylor**

Mailing Address 3208 MAIN CIRCLE WEST

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2012

**Transaction ID : SA11AI.10812**

Amount of Each Receipt this Period  
25.00

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

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 Girling Home Health	Occupation Vice President of Quality & Compliance
---	--

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
05	/	15	/	2012

**Transaction ID : SA11AI.10640**

Amount of Each Receipt this Period  
25.00

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

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 Girling Home Health	Occupation Vice President of Quality & Compliance
---	--

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
05	/	31	/	2012

**Transaction ID : SA11AI.10968**

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 35 OF 40
<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**

**A. 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 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
05	/	15	/	2012

**Transaction ID : SA11AI.10639**

Amount of Each Receipt this Period  

50.00
-------

**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 Girling Home Health	Occupation Regional Vice President
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

**Transaction ID : SA11AI.10967**

Amount of Each Receipt this Period  

50.00
-------

**C. Jennifer Lynn Vogt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4506 Grand Cypress Drive

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 ▼ **495.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2012

**Transaction ID : SA11AI.10641**

Amount of Each Receipt this Period  

55.00
-------

<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 36 OF 40
	<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 Drive

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 ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2012**

**Transaction ID : SA11Al.10970**

Amount of Each Receipt this Period  
**55.00**

Full Name (Last, First, Middle Initial)  
**B. Jonathon T Wilder**

Mailing Address 2905 Sundance Lane

City Cantonment State FL Zip Code 32533

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

Name of Employer: **Girling Home Health** Occupation: **Regional VP**

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  
**05 / 15 / 2012**

**Transaction ID : SA11Al.10644**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Jonathon T Wilder**

Mailing Address 2905 Sundance Lane

City Cantonment State FL Zip Code 32533

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

Name of Employer: **Girling Home Health** Occupation: **Regional VP**

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  
**05 / 31 / 2012**

**Transaction ID : SA11Al.10974**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>105.00</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 40
<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. Dale E Williams**

Mailing Address 1545 N CHARLES ST

City WICHITA	State KS	Zip Code 67203
-----------------	-------------	-------------------

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

Name of Employer Hospice Care of Kansas	Occupation Executive Director
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	22	/	2012

**Transaction ID : SA11AI.10829**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Iris B Williams**

Mailing Address 3733 Locke Lane

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 ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	22	/	2012

**Transaction ID : SA11AI.10830**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Thomas Lloyd Wilson**

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 Vice President, Public Affairs
---------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	15	/	2012

**Transaction ID : SA11AI.10645**

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<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 38 OF 40
	<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**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Lloyd Wilson**

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 Vice President, Public Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : SA11Al.10976**

Amount of Each Receipt this Period  
400.00

**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).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5090.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. BENNET FOR COLORADO**

Mailing Address PO BOX 3078

City DENVER State CO Zip Code 80201

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**MICHAEL F BENNET**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2012

Transaction ID : **SB23.10988**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. EVELYN LI FOR CONGRESS 2012**

Mailing Address 895 YAKIMA DR

City FREMONT State CA Zip Code 94539

Purpose of Disbursement  
Political contribution

011

Candidate Name

**EVELYN LI**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 17

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 25 / 2012

Transaction ID : **SB23.10990**

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

**C. MCCASKILL FOR MISSOURI 2012**

Mailing Address 700 13TH STREET NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**CLAIRE MCCASKILL**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MO District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 01 / 2012

Transaction ID : **SB23.10993**

Amount of Each Disbursement this Period

1000.00

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

2240.00

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

2240.00

**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

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. LANCE GOODEN FOR SENATE**

Mailing Address PO BOX 2125

City TERRELL State TX Zip Code 75160

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Lance Gooden**

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 Y Y  
05 / 11 / 2012

**Transaction ID : SB29.10984**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. TEXANS FOR JOAN HUFFMAN**

Mailing Address 3375 WESTPARK DR #135

City HOUSTON State TX Zip Code 77005

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**C. Joan Huffman**

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 Y Y  
06 / 05 / 2012

**Transaction ID : SB29.10996**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

3000.00

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

3000.00