12/02/2010 13:40

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines Harden Healthcare LLC Federal PAC 1703 W. 5th Street ADDRESS (number and street) Suite 700 Check if different than previously Austin ΤX 78703 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00489740 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the 02 2010 11 Election on State of 10 04 2010 22 2010 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. T. Lloyd Wilson Type or Print Name of Treasurer Electronically Filed by T. Lloyd Wilson 12 02 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 17

Write or Type Committee Name Harden Healthcare LLC Federal PAC м м 1 0 ^D 0 4 2 0 1 0 м м 1 1 D D 22 2010 To: Report Covering the Period: From:

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a	Cash on Hand January 1 2010 Y Y Y		0.00
(b	Cash on Hand at Begining of Reporting Period	0.00	
(c	Total Receipts (from Line 19)	4030.00	4030.00
(d	Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4030.00	4030.00
То	tal Disbursements (from Line 31)	0.00	0.00
Re	sh on Hand at Close of porting Period ubtract Line 7 from Line 6(d))	4030.00	4030.00
the	bts and Obligations owed TO committee (Itemize all on hedule C and/or Schedule D)	0.00	
the	bts and Obligations owed BY committee (Itemize all on hedule C and/or Schedule D)	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 17

Write or Type Committee Name

Harden Healthcare LLC Federal PAC

Report Covering the Period:

From:

M M D D D 0 4

2010

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м°м 1 1 D D 22

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:		
(a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	4030.00	4030.00
	(i) Italiazaa (ase concadio /)	0.00	
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL (add	4030.00	4030.00
	Lines 11(a)(i) and (ii)	4000.00	4000.00
(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	4030.00	4030.00
	Totals to Line 33, page 5)	4000.00	4000.00
2. 1	Fransfers From Affiliated/Other		
F	Party Committees	0.00	0.00
		0.00	0.00
3. <i>F</i>	All Loans Received	0.00	0.00
<i>1</i> I	oan Repayments Received	0.00	0.00
5. C	Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
	Carry Totals to Line 37, page 5)	0.00	0.00
	Refunds of Contributions Made o Federal candidates and Other		
	Political Committees	0.00	0.00
	_		
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
(Dividends, interest, etc.)		
	Γransfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	0.00
	(from Schedule H3)		0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(2, 25 1 4.145 (1.5 55.154416 1.16)		
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d),	4030.00	4030.00
1	2, 13, 14, 15, 16, 17, and 18(c))	4000.00	4000.00
). T	otal Federal Receipts		
	subtract Line 18(c) from Line 19)	4030.00	4030.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

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II. D	ISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Operating (a) Shar	g Expenditures: ————————————————————————————————————		
Activ	red rederal/Norri ederal rity (from Schedule H4) Federal Share	0.00	0.00
()	Non-Federal Share	0.00	0.00
Expe	er Federal Operating enditures	0.00	0.00
(add	l Operating Expenditures 21(a)(i), (a)(ii) and (b))	0.00	0.00
Committe	to Affiliated/Other Party	0.00	0.00
 Contribut Federal C and Othe 	ions to candidates/Committeesr Political Committees	0.00	0.00
(use Sch	ent Expenditure edule E)	0.00	0.00
	ted Expenditures Made by Party les (2 U.S.C. 441a(d)) ledule F)	0.00	0.00
	ayments Made	0.00	0.00
	ade	0.00	0.00
(a) Indiv	of Contributions To: iduals/Persons Other n Political Committees	0.00	0.00
(b) Politi	cal Party Committees	0.00	0.00
, ,	er Political Committees	0.00	0.00
` '	Contribution Refunds Lines 28(a), (b), and (c))	0.00	0.00
	bursements	0.00	0.00
0. Federal E (a) Shar	Election Activity (2 U.S.C 431(20)) ed Federal Election Activity		
,	Schedule H6) ederal Share	0.00	0.00
(ii) "	Levin" Share	0.00	0.00
` '	ral Election Activity Paid Entirely Federal Funds	0.00	0.00
` '	I Federal Election Activity (add es 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	sbursements (add Lines 21(c), 22,	0.00	0.00
23, 24, 2	25, 26, 27, 28(d), 29 and 30(c))	0.00	0.00
	deral Disbursements t Line 21(a)(ii) and Line 30(a)(ii)		
	e 31)	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 17

	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)	4030.00	4030.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	4030.00	4030.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	Statements may not be sold or used by any persor e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Cecilia Abbott Mailing Address 2601 Wooldridge City Austin FEC ID number of contributing federal political committee.	State Zip Code TX 78703	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Harden Healthcare Services Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Managing Director, Community Relati Aggregate Year-to-Date 50.00	ons
Full Name (Last, First, Middle Initial) Brianna B Braden Mailing Address 18821 Golddust Pass		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pflugerville FEC ID number of contributing federal political committee.	State Zip Code TX 78660	Transaction ID: SA11AI.4102 Amount of Each Receipt this Period 100.00
Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President, Human Resour Aggregate Year-to-Date ▼ 100.00	roes
Full Name (Last, First, Middle Initial) Wendi Bray Mailing Address 15705 Edenderry Dr		Date of Receipt
City Austin	State Zip Code TX 78717	Transaction ID: SA11AI.4104 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services	Occupation	100.00
Receipt For: Primary General Other (specify) ▼	Senior Vice President, Finance Aggregate Year-to-Date ▼ 100.00	
SUBTOTAL of Receipts This Page (optional) .		250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	f the
	atements may not be sold or used by name and address of any political co	v any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
Full Name (Last, First, Middle Initial) Carolyn Claire Chase		Date of Receipt
Mailing Address 1901 Great Oaks Drive		1 1 1 5 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.4106
Round Rock	TX 78681	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1.00
Name of Employer Harden Healthcare Services	Occupation Project Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1.00
Full Name (Last, First, Middle Initial) Cathi Coney		Date of Receipt
Mailing Address 7207 Nine Oaks Cove		1 1 2 2 2 2 1 0 1 0
City	State Zip Code	Transaction ID: SA11AI.4187
Austin	TX 78759	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer MBS Pharmacy	Occupation Vice President, Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
Full Name (Last, First, Middle Initial) Sherrie Corso		Date of Receipt
Mailing Address 533 Lavina Drive		1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4108
Bolingbrook	IL 60440	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer Harden Healthcare Services	Occupation Vice President, Compliance	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
SUBTOTAL of Receipts This Page (optional)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/17 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any person	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PA		arooo or ary pointed committee to	
Full Name (Last, First, Middle Initial) Mark Duncan			Date of Receipt
Mailing Address 799 W Bartlett			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Buda	State TX	Zip Code 78610	Transaction ID: SA11AI.4111 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70010	75.00
Name of Employer TRISUN Healthcare	Occupation Vice Pres	n sident, Operations, North	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 75.00	
Full Name (Last, First, Middle Initial) Scott Ellyson	I		Date of Receipt
Mailing Address 824 Stonewall Ridge	е		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Austin	State TX	Zip Code 78746	Transaction ID: SA11AI.4113 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76710	100.00
Name of Employer Harden Healthcare	Occupation Chief Fin	n ancial Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 100.00	
Full Name (Last, First, Middle Initial) Tricia Fox			Date of Receipt
Mailing Address P O Box 190			1 1 1 5 2 0 1 0
City Florence	State TX	Zip Code	Transaction ID: SA11AI.4115
FEC ID number of contributing federal political committee.	C	76527	Amount of Each Receipt this Period 50.00
Name of Employer Girling Home Health	Occupation Vice Pres	n sident, Rehab	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 50.00	
SUBTOTAL of Receipts This Page (optional			225.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
Δ.	Full Name (Last, First, Middle Initial) Benjamin Hanson		Date of Receipt
	Mailing Address 2211 Sunny Slope Driv		11 1 15 2010
	City Austin	State Zip Code TX 78703	Transaction ID: SA11AI.4117 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer Harden Healthcare	Occupation Sr Vice President & General Counse	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00	
Б.	Full Name (Last, First, Middle Initial) James Hardee	I	Date of Receipt
	Mailing Address 5925 West Lake Drive		11 15 2010
	City Sandia	State Zip Code TX 78383	Transaction ID: SA11AI.4119
	FEC ID number of contributing federal political committee.	TX 78383	Amount of Each Receipt this Period
	Name of Employer TRISUN Healthcare	Occupation Chief Operations Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	
с.	Full Name (Last, First, Middle Initial) Robin J Hayes		Date of Receipt
	Mailing Address 6112 Jumano Lane		M M / D D / Y Y Y Y Y 1 1 1 1 5 2 0 1 0
	City Austin	State Zip Code TX 78749	Transaction ID: SA11AI.4121
	FEC ID number of contributing federal political committee.	C 76749	Amount of Each Receipt this Period 50.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Professional Service	S S
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	
	SUBTOTAL of Receipts This Page (optional)	······································	225.00
	TOTAL This Period (last page this line number		

Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAG	Statements may not be sold or used by any person he name and address of any political committee to	n for the purpose of soliciting contributions
		solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Janelle B Hesselsweet Mailing Address 2709 Barton's Bluff L	.n	Date of Receipt
City Austin	State Zip Code TX 78746	Transaction ID: SA11AI.4123
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	Occupation Regional HR Manager Aggregate Year-to-Date 10.00	
Full Name (Last, First, Middle Initial) Chelsea M Holden Mailing Address 4000 Dunning Lane		Date of Receipt
City	State Zip Code	Transaction ID: SA11AI.4125
Austin FEC ID number of contributing federal political committee.	TX 78746	Amount of Each Receipt this Period 20.00
Name of Employer Harden Healthcare Services	Occupation Government Relations Liaison	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 20.00	
Full Name (Last, First, Middle Initial) Diane Kenyon		Date of Receipt
Mailing Address 285 E Summit Dr		1 1 1 5 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.4149
Wimberley FEC ID number of contributing federal political committee.	TX 78676	Amount of Each Receipt this Period
Name of Employer Harden Healthcare Services	Occupation Senior Vice President, IT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 125.00	
SUBTOTAL of Receipts This Page (optional)	>	155.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 17 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kimberly A Layton Mailing Address 9513 Prescott Drive City	State Zip Code	Date of Receipt M
Austin FEC ID number of contributing	TX 78748	Amount of Each Receipt this Period
Receipt For: Primary Other (specify)	Occupation President, Leadership Development I Aggregate Year-to-Date 100.00	nst
Full Name (Last, First, Middle Initial) Lewis N Little Mailing Address 2525 Jarratt Ave		Date of Receipt 1 1 1 5 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.4155
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Harden Healthcare	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Michael A McMaude		Date of Receipt
Mailing Address 640 E 3rd Ave		1 1 1 1 5 2 0 1 0
City Durango	State Zip Code CO 81301-5253	Transaction ID: SA11AI.4157
FEC ID number of contributing federal political committee.	C 81301-3253	Amount of Each Receipt this Period 50.00
Name of Employer Harden Healthcare	Occupation Chief Operating Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	
SUBTOTAL of Receipts This Page (optional)	•	900.00

SCHEDULE A (FEC Form 3X)

City State Zip Code AZ 85310 FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Deborah Morgan Mailing Address 5404 Agatha Circle City State Zip Code Transaction ID: SA11AI.4163 Amount of Each Receipt this Peresident TX 78724 FEC ID number of contributing federal political committee. Name of Employer Austin TX 78724 FEC ID number of contributing federal political committee. Name of Employer Harden HealthCare Services PMO Director Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joseph Odom Mailing Address 13020 Humphrey Drive City State Zip Code Transaction ID: SA11AI.4163 Amount of Each Receipt this Peresident TX 78729 Date of Receipt Transaction ID: SA11AI.4163 Amount of Each Receipt this Peresident TX 78729 Transaction ID: SA11AI.4163 Amount of Each Receipt Transaction ID: SA11AI.4163 Amount of Each Receipt this Peresident TX 78729 Transaction ID: SA11AI.4163 Amount of Each Receipt this Peresident TX 78729 Transaction ID: SA11AI.4163 Amount of Each Receipt this Peresident TX 78729	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A. Full Name (Last, First, Middle Initial) A. State Zip Code Glendale AZ 85310 FEC ID number of contributing federal political committee. Name of Employer Girling Address 5404 Agatha Circle City Austin TX 78724 Full Name (Last, First, Middle Initial) Date of Receipt Transaction ID: SA11AI.4155 Amount of Each Receipt this Period Primary Date of Receipt Transaction ID: SA11AI.4155 Amount of Each Receipt this Period Primary Date of Receipt Transaction ID: SA11AI.4155 Amount of Each Receipt this Period Primary Date of Receipt Transaction ID: SA11AI.4155 Amount of Each Receipt this Period Primary Date of Receipt Transaction ID: SA11AI.4151 Transaction ID: SA11AI.4161 Transaction ID: SA11AI.4161 Amount of Each Receipt this Period Primary Date of Receipt Transaction ID: SA11AI.4161 Amount of Each Receipt this Period Primary Date of Receipt Transaction ID: SA11AI.4161 Transaction ID: SA11AI.4161 Transaction ID: SA11AI.4161 Amount of Each Receipt this Period Primary Date of Receipt Transaction ID: SA11AI.4161 Amount of Each Receipt this Period Primary Solution Transaction ID: SA11AI.4161 Transaction ID: SA11AI.4161 Transaction ID: SA11AI.4161 Amount of Each Receipt this Period Primary Solution Transaction ID: SA11AI.4161 Transaction ID: SA11AI.4161 Transaction ID: SA11AI.4161 Amount of Each Receipt this Period Primary Solution Transaction ID: SA11AI.4161 Transaction ID: S	r commercial purposes, other than using the na	ements may not be sold or used by any person ume and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
City State Zip Code Glendale AZ 85310 Amount of Each Receipt this Period Fee City Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joseph Odom Mailing Address 13020 Humphrey Drive City State Zip Code Transaction ID: SA11AI.4163 Amount of Each Receipt this Period Fee City Transaction ID: SA11AI.4163 Amount of Each Receipt this Period Fee City Transaction ID: SA11AI.4161 Amount of Each Receipt this Period Fee City Transaction ID: SA11AI.4161 Amount of Each Receipt this Period Fee City Transaction ID: SA11AI.4161 Amount of Each Receipt this Period Fee City Transaction ID: SA11AI.4163 Amount of Each Receipt this Period Fee City Transaction ID: SA11AI.4163 Amount of Each Receipt Transaction ID: SA11AI.41	full Name (Last, First, Middle Initial) Kenneth Meyers		-
Same of Employer Griffly Home Health Vice President	Sity	-	
Receipt For:	ederal political committee.		50.00
Deborah Morgan Mailing Address 5404 Agatha Circle City State Zip Code TX 78724 FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Primary General Other (specify) ▼ City State Zip Code Tx 78724 Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Joseph Odom Mailing Address 13020 Humphrey Drive City State Zip Code Tx 78729 FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: SA11AI.4163 Amount of Each Receipt this Perinary State Zip Code Tx 78729 FEC ID number of contributing federal political committee. Name of Employer FEC ID number of contributing federal political committee. Name of Employer Farden Healthcare Services Primary General Occupation IT Manager Receipt For: Aggregate Year-to-Date ▼	Receipt For: Primary General	Vice President Aggregate Year-to-Date ▼	
City State Zip Code TX 78724 FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼ City State Zip Code Ty Tansaction ID: SA11AI.4161 Amount of Each Receipt this Period Ty	Deborah Morgan		M M / D D / Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joseph Odom Mailing Address 13020 Humphrey Drive City State Zip Code Austin TX 78729 FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Name of Employer Harden Healthcare Services Receipt For: Primary General Occupation IT Manager Receipt For: Primary General F50.00	Dity		Transaction ID: SA11AI.4161
Receipt For: Primary Other (specify) City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) Aggregate Year-to-Date Aggregate Year-to-Date Date of Receipt Transaction ID: SA11AI.4163 Amount of Each Receipt this Period To Cocupation IT Manager Receipt For: Primary General Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date FO 00	EC ID number of contributing		Amount of Each Receipt this Period 50.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joseph Odom Mailing Address 13020 Humphrey Drive City State Zip Code Austin TX 78729 FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Date of Receipt Transaction ID: SA11AI.4163 Amount of Each Receipt this Permanager Aggregate Year-to-Date ▼ FEC ID number of Contributing federal political committee. Aggregate Year-to-Date ▼	lame of Employer Harden Healthcare Services	•	
Joseph Odom Mailing Address 13020 Humphrey Drive City State Zip Code Austin TX 78729 FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Date of Receipt Transaction ID: SA11AI.4163 Amount of Each Receipt this Per C State Zip Code Transaction ID: SA11AI.4163 Amount of Each Receipt this Per Aggregate Year-to-Date ▼	Primary General		
City State Zip Code Austin TX 78729 FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General State Zip Code Txansaction ID: SA11AI.4163 Amount of Each Receipt this Period. C Transaction ID: SA11AI.4163 Amount of Each Receipt this Period. Amount of Each Receipt	oseph Odom		Date of Receipt
Austin TX 78729 FEC ID number of contributing federal political committee. C Name of Employer Harden Healthcare Services Receipt For: Primary General Amount of Each Receipt this Per C C Aggregate Year-to-Date ▼	lailing Address 13020 Humphrey Drive		
FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General C Occupation IT Manager Aggregate Year-to-Date		•	Transaction ID: SA11AI.4163
Harden Healthcare Services IT Manager Receipt For: Primary General Aggregate Year-to-Date ▼ 50.00	EC ID number of contributing		50.00
Receipt For: Aggregate Year-to-Date ▼ For one and a second sec	lame of Employer larden Healthcare Services	•	
	Primary General	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	BTOTAL of Receipts This Page (optional)	.	150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 17 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PA	nd Statements may not be sold or used by any person the name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Victoria Palm		Date of Receipt
Mailing Address 3507 Abrazo		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.4165
San Antonio	TX 78247	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer TRISUN Healthcare	Occupation Regional Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	
Full Name (Last, First, Middle Initial) Shanni F Ponce	L	Date of Receipt
Mailing Address 2818 Fountain Gro	ve Cove	1 1 2 2 2 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.4188
Round Rock	TX 78665	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MBS Rehab	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 40.00	
Full Name (Last, First, Middle Initial) William Blake Robins		Date of Receipt
Mailing Address 2303 Eastside Driv	re #222	1 1 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Austin</u>	State Zip Code TX 78704	Transaction ID: SA11AI.4171 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	4.00
Name of Employer Harden Healthcare Services	Occupation Executive Director, Benevolent Fund	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4.00	
SUBTOTAL of Receipts This Page (optional	al)	94.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 17 (check only one) X 11a 11b 11c 12
Any information copied or for commercial purp	from such Reports and Statement oses, other than using the name ar	is may not be sold or used by any pers nd address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMI Harden Healthca	TTEE (In Full) are LLC Federal PAC		
Full Name (Last, Find Laura (Beth) Scott	st, Middle Initial)		Date of Receipt
Mailing Address	Summithill Place		1 1 1 5 2 0 1 0
City	Sta	'	Transaction ID: SA11AI.4173
The Woodlands	TX	77381	Amount of Each Receipt this Period
FEC ID number of of federal political com			50.00
Name of Employer Lighthouse Hospice	,	upation President, Clinical Services	
Receipt For: Primary Other (specify	General	regate Year-to-Date ▼ 50.00	
Full Name (Last, Fi	rst, Middle Initial)		Date of Receipt
Mailing Address 3804 Middle Earth Trail			1 1 1 5 2 0 1 0
City	Sta	•	Transaction ID: SA11AI.4175
Austin	TX	78739	Amount of Each Receipt this Period
FEC ID number of of federal political com			25.00
Name of Employer Harden Healthcare	Continon	upation troller	
Receipt For: Primary Other (specify	General	regate Year-to-Date ▼ 25.00	
Full Name (Last, Fi	rst, Middle Initial)		Date of Receipt
Mailing Address	991 Oak Ridge		1 1 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Shertz	Sta TX	'	Transaction ID: SA11AI.4189 Amount of Each Receipt this Period
FEC ID number of of federal political com			50.00
Name of Employer MBS Rehab		upation ctor of Clinical Services	
Receipt For: Primary Other (specify	Aggr General	regate Year-to-Date ▼ 50.00	
SUBTOTAL of Recei	ots This Page (optional)		125.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	itatements may name and add	not be sold or used by any persoress of any political committee to	
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC			
Full Name (Last, First, Middle Initial) James D Tompkins			Date of Receipt
Mailing Address 1203 W 40th St			M M / D D / Y Y Y Y Y Y 1 1 1 2 2 2 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.4190
Austin	TX	78756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer MBS Pharmacy	Occupation President		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 100.00	
Full Name (Last, First, Middle Initial) Charlene Turner			Date of Receipt
Mailing Address 2101 Birdie Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4135
San Angelo	TX	76904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer TRISUN Healthcare	Occupation Administr	ator, Regency House	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 15.00	
Full Name (Last, First, Middle Initial) Charlene Turner			Date of Receipt
Mailing Address 2101 Birdie Court			M M / D D / Y Y Y Y Y Y 1 1 1 2 2 2 2 2 1 0 1 0
City State		Zip Code	Transaction ID: SA11AI.4191
San Angelo TX		76904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer TRISUN Healthcare	Occupation Administr	ator, Regency House	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 30.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>)	130.00

or for commercial purposes, other NAME OF COMMITTEE (In Harden Healthcare LLC) Full Name (Last, First, Middle Deborah Weems Mailing Address 2518 Harder Look Deborah Weems Middle Last, First, Middle	Federal PAC Initial) Tris Blvd State Zip Code TX 78703 C Occupation Vice President, Marketing Aggregate Year-to-Date ▼ Initial)	Date of Receipt Date of Receipt Transaction ID: SA11AI.4181 Amount of Each Receipt this Period Date of Receipt Date of Receipt	
Full Name (Last, First, Middle Deborah Weems Mailing Address 2518 Ha City Austin FEC ID number of contributir federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary Gene Other (specify) Mailing Address 13406 Ti City Austin FEC ID number of contributir federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary Gene Other (specify) Mailing Address 13406 Ti City Austin FEC ID number of contributir federal political committee. Name of Employer HealthTronics Receipt For: Primary Gene Other (specify) Tull Name (Last, First, Middle Iris B Williams Mailing Address 3733 Locative Corpus Christi	Federal PAC Initial) Tris Blvd State Zip Code TX 78703 C Occupation Vice President, Marketing Aggregate Year-to-Date ▼ Initial) Perra Dr State Zip Code	Transaction ID: SA11AI.4181 Amount of Each Receipt this Period 25.00 Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
A. Deborah Weems Mailing Address 2518 Ha City Austin FEC ID number of contributir federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary Gene Other (specify) ▼ Full Name (Last, First, Middle James S B Whittenburg Mailing Address 13406 Ti City Austin FEC ID number of contributir federal political committee. Name of Employer HealthTronics Receipt For: Primary Gene Other (specify) ▼ Full Name (Last, First, Middle Iris B Williams Mailing Address 3733 Loc City Corpus Christi	State Zip Code TX 78703 C Occupation Vice President, Marketing Aggregate Year-to-Date Tal 25.00 Initial) Perra Dr State Zip Code	Transaction ID: SA11AI.4181 Amount of Each Receipt this Period 25.00 Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Austin FEC ID number of contributir federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary Gene Other (specify) Full Name (Last, First, Middle James S B Whittenburg Mailing Address 13406 Ti City Austin FEC ID number of contributir federal political committee. Name of Employer HealthTronics Receipt For: Primary Gene Other (specify) Full Name (Last, First, Middle Iris B Williams Mailing Address 3733 Local City Corpus Christi	State Zip Code TX 78703 C Occupation Vice President, Marketing Aggregate Year-to-Date Aggregate Year-to-Date Initial) erra Dr State Zip Code	Transaction ID: SA11AI.4181 Amount of Each Receipt this Period 25.00 Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Austin FEC ID number of contributir federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary Gene Other (specify) ▼ Full Name (Last, First, Middle James S B Whittenburg Mailing Address 13406 Ti City Austin FEC ID number of contributir federal political committee. Name of Employer HealthTronics Receipt For: Primary Gene Other (specify) ▼ Full Name (Last, First, Middle Iris B Williams Mailing Address 3733 Loc City Corpus Christi	TX 78703 C Occupation Vice President, Marketing Aggregate Year-to-Date ▼ ral 25.00 Initial) erra Dr State Zip Code	Date of Receipt Date of Receipt 1 1 0 9 2 0 1 0 Transaction ID: SA11AI.4193 Amount of Each Receipt this Period	
Receipt For: Primary Gene Other (specify) ▼ Full Name (Last, First, Middle James S B Whittenburg Mailing Address 13406 Ti City Austin FEC ID number of contributir federal political committee. Name of Employer HealthTronics Receipt For: Primary Gene Other (specify) ▼ Full Name (Last, First, Middle Iris B Williams Mailing Address 3733 Loc City Corpus Christi	Occupation Vice President, Marketing Aggregate Year-to-Date 25.00 Initial) Perra Dr State Zip Code	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle James S B Whittenburg Mailing Address 13406 Ti City Austin FEC ID number of contributir federal political committee. Name of Employer HealthTronics Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Iris B Williams Mailing Address 3733 Local City Corpus Christi	Vice President, Marketing Aggregate Year-to-Date ▼ 25.00 Initial) erra Dr State Zip Code	Transaction ID: SA11AI.4193 Amount of Each Receipt this Period	
Primary General Other (specify) ▼ Full Name (Last, First, Middle James S B Whittenburg Mailing Address 13406 Ti City Austin FEC ID number of contributir federal political committee. Name of Employer HealthTronics Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Iris B Williams Mailing Address 3733 Local City Corpus Christi	25.00 Initial) erra Dr State Zip Code	Transaction ID: SA11AI.4193 Amount of Each Receipt this Period	
Mailing Address 13406 Ti City Austin FEC ID number of contributir federal political committee. Name of Employer HealthTronics Receipt For: Primary Gene Other (specify) ▼ Full Name (Last, First, Middle Iris B Williams Mailing Address 3733 Loc City Corpus Christi	erra Dr State Zip Code	Transaction ID: SA11AI.4193 Amount of Each Receipt this Period	
City Austin FEC ID number of contributir federal political committee. Name of Employer HealthTronics Receipt For: Primary Gene Other (specify) Full Name (Last, First, Middle Iris B Williams Mailing Address 3733 Loc	State Zip Code	Transaction ID: SA11AI.4193 Amount of Each Receipt this Period	
Austin FEC ID number of contributir federal political committee. Name of Employer HealthTronics Receipt For: Primary Gene Other (specify) Full Name (Last, First, Middle Iris B Williams Mailing Address 3733 Loc City Corpus Christi	•	Amount of Each Receipt this Period	
FEC ID number of contributir federal political committee. Name of Employer HealthTronics Receipt For: Primary Gene Other (specify) Full Name (Last, First, Middle Iris B Williams Mailing Address 3733 Loc City Corpus Christi	1X 10121		
Receipt For: Primary Gene Other (specify) Full Name (Last, First, Middle Iris B Williams Mailing Address 3733 Loc City Corpus Christi	g C		
Primary Gene Other (specify) Full Name (Last, First, Middle Iris B Williams Mailing Address 3733 Loc City Corpus Christi	Occupation CEO		
Mailing Address 3733 Loc City Corpus Christi	Aggregate Year-to-Date ▼ 1500.00		
City Corpus Christi	Initial)	Date of Receipt	
Corpus Christi			
•	State Zip Code TX 78415	Transaction ID: SA11AI.4192	
FEC ID number of contributir federal political committee.		Amount of Each Receipt this Period 50.00	
Name of Employer MBS Rehab	Occupation Director of Operations		
Receipt For: Primary Gene Other (specify) ▼	Aggregate Year-to-Date ▼		
SUBTOTAL of Receipts This F	50.00	_	

A.

FOR LINE NUMBER: PAGE 17/17 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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) Steve Wood Date of Receipt Mailing Address 803 River Forest 1.1 15 2010 City State Zip Code Transaction ID: SA11AI.4185 **New Braunfels** TX 78132 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Harden Healthcare Occupation President, Long-term Care Division Receipt For: Aggregate Year-to-Date Primary General 100.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	100.00
TOTAL This Period (last page this line number only)	<u> </u>	4030.00