

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) Harden Healthcare LLC Federal PAC

ADDRESS (number and street) 1703 W. 5th Street Suite 700 Austin TX 78703

2. FEC IDENTIFICATION NUMBER C00489740 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20 (M2) through Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 10 04 2010 through 11 22 2010

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

Signature of Treasurer Electronically Filed by T. Lloyd Wilson Date 12 02 2010

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

Office Use Only table with 7 empty cells

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Harden Healthcare LLC Federal PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0	<table border="1"><tr><td>0.00</td></tr></table>	0.00	<table border="1"><tr><td>0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	1	0									
0.00												
0.00												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1"><tr><td>0.00</td></tr></table>	0.00										
0.00												
(c) Total Receipts (from Line 19)	<table border="1"><tr><td>4030.00</td></tr></table>	4030.00	<table border="1"><tr><td>4030.00</td></tr></table>	4030.00								
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)	<table border="1"><tr><td>4030.00</td></tr></table>	4030.00	<table border="1"><tr><td>4030.00</td></tr></table>	4030.00								
4030.00												
4030.00												
7. Total Disbursements (from Line 31)	<table border="1"><tr><td>0.00</td></tr></table>	0.00	<table border="1"><tr><td>0.00</td></tr></table>	0.00								
0.00												
0.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1"><tr><td>4030.00</td></tr></table>	4030.00	<table border="1"><tr><td>4030.00</td></tr></table>	4030.00								
4030.00												
4030.00												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1"><tr><td>0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1"><tr><td>0.00</td></tr></table>	0.00										
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Harden Healthcare LLC Federal PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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)	4030.00	4030.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4030.00	4030.00
(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 Totals to Line 33, page 5)	4030.00	4030.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4030.00	4030.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4030.00	4030.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
Cecilia Abbott

Mailing Address 2601 Wooldridge

City State Zip Code
Austin TX 78703

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

Name of Employer: Harden Healthcare Services
Occupation: Managing Director, Community Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt: 11 / 15 / 2010
Transaction ID: SA11AI.4100
Amount of Each Receipt this Period: 50.00

B.

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

Mailing Address 18821 Golddust Pass

City State Zip Code
Pflugerville TX 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 ▼
100.00

Date of Receipt: 11 / 15 / 2010
Transaction ID: SA11AI.4102
Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Wendi Bray

Mailing Address 15705 Edenderry Dr

City State Zip Code
Austin TX 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 ▼
100.00

Date of Receipt: 11 / 15 / 2010
Transaction ID: SA11AI.4104
Amount of Each Receipt this Period: 100.00

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: PAGE 7 / 17
	(check only one)
<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"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Carolyn Claire Chase	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 1901 Great Oaks Drive	Transaction ID: SA11AI.4106
	City State Zip Code Round Rock TX 78681	Amount of Each Receipt this Period 1.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Harden Healthcare Services Project Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1.00	

B.	Full Name (Last, First, Middle Initial) Cathi Coney	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 7207 Nine Oaks Cove	Transaction ID: SA11AI.4187
	City State Zip Code Austin TX 78759	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MBS Pharmacy Vice President, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

C.	Full Name (Last, First, Middle Initial) Sherrie Corso	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 533 Lavina Drive	Transaction ID: SA11AI.4108
	City State Zip Code Bolingbrook IL 60440	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Harden Healthcare Services Vice President, Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional)	101.00
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 / 17
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mark Duncan

Mailing Address 799 W Bartlett

City State Zip Code
Buda TX 78610

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.4111

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
Scott Ellyson

Mailing Address 824 Stonewall Ridge

City State Zip Code
Austin TX 78746

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

Name of Employer Occupation
Harden Healthcare Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.4113

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Tricia Fox

Mailing Address P O Box 190

City State Zip Code
Florence TX 76527

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

Name of Employer Occupation
Girling Home Health Vice President, Rehab

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.4115

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **225.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 17
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

A.

Full Name (Last, First, Middle Initial)
Benjamin Hanson

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 ▼ 75.00

Date of Receipt 11 / 15 / 2010
Transaction ID: SA11AI.4117
Amount of Each Receipt this Period 75.00

B.

Full Name (Last, First, Middle Initial)
James Hardee

Mailing Address 5925 West Lake Drive

City Sandia State TX Zip Code 78383

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

Name of Employer TRISUN Healthcare Occupation Chief Operations Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 11 / 15 / 2010
Transaction ID: SA11AI.4119
Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
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 ▼ 50.00

Date of Receipt 11 / 15 / 2010
Transaction ID: SA11AI.4121
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Janelle B Hesselsweet		Date of Receipt
	Mailing Address 2709 Barton's Bluff Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 15 / 2010
	City	State	Zip Code
	Austin	TX	78746
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4123
Name of Employer Harden Healthcare Services		Occupation Regional HR Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 10.00

B.	Full Name (Last, First, Middle Initial) Chelsea M Holden		Date of Receipt
	Mailing Address 4000 Dunning Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 15 / 2010
	City	State	Zip Code
	Austin	TX	78746
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4125
Name of Employer Harden Healthcare Services		Occupation Government Relations Liaison	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) Diane Kenyon		Date of Receipt
	Mailing Address 285 E Summit Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 15 / 2010
	City	State	Zip Code
	Wimberley	TX	78676
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4149
Name of Employer Harden Healthcare Services		Occupation Senior Vice President, IT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 125.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 155.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 17
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Kimberly A Layton</p> <p>Mailing Address 9513 Prescott Drive</p> <p>City State Zip Code Austin TX 78748</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Harden Healthcare Occupation: President, Leadership Development Inst</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 100.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: SA11AI.4151</p> <p>Amount of Each Receipt this Period 100.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	5	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	5	/	2	0	1	0												

<p>B. Full Name (Last, First, Middle Initial) Lewis N Little</p> <p>Mailing Address 2525 Jarratt Ave</p> <p>City State Zip Code Austin TX 78703</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Harden Healthcare Occupation: Chief Executive Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: SA11AI.4155</p> <p>Amount of Each Receipt this Period 750.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	5	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	5	/	2	0	1	0												

<p>C. Full Name (Last, First, Middle Initial) Michael A McMaude</p> <p>Mailing Address 640 E 3rd Ave</p> <p>City State Zip Code Durango CO 81301-5253</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Harden Healthcare Occupation: Chief Operating Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 50.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: SA11AI.4157</p> <p>Amount of Each Receipt this Period 50.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	5	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	5	/	2	0	1	0												

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kenneth Meyers	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 6118 W Louise Drive	Transaction ID: SA11AI.4159
	City State Zip Code Glendale AZ 85310	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Girling Home Health Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

B.	Full Name (Last, First, Middle Initial) Deborah Morgan	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 5404 Agatha Circle	Transaction ID: SA11AI.4161
	City State Zip Code Austin TX 78724	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Harden Healthcare Services PMO Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

C.	Full Name (Last, First, Middle Initial) Joseph Odom	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 13020 Humphrey Drive	Transaction ID: SA11AI.4163
	City State Zip Code Austin TX 78729	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Harden Healthcare Services IT Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 17
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Victoria Palm

Mailing Address 3507 Abrazo

City State Zip Code
San Antonio TX 78247

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

Name of Employer Occupation
TRISUN Healthcare Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: SA11AI.4165

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Shanni F Ponce

Mailing Address 2818 Fountain Grove Cove

City State Zip Code
Round Rock TX 78665

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

Name of Employer Occupation
MBS Rehab Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 40.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: SA11AI.4188

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
William Blake Robins

Mailing Address 2303 Eastside Drive #222

City State Zip Code
Austin TX 78704

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

Name of Employer Occupation
Harden Healthcare Services Executive Director, Benevolent Fund

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: SA11AI.4171

Amount of Each Receipt this Period
4.00

SUBTOTAL of Receipts This Page (optional) ► **94.00**

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

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

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

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

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

A. Full Name (Last, First, Middle Initial)
Laura (Beth) Scott

Mailing Address 7 Summithill Place

City State Zip Code
The Woodlands TX 77381

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

Name of Employer Occupation
Lighthouse Hospice Vice President, Clinical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.4173

Amount of Each Receipt this Period
50.00

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

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 ▼ 25.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.4175

Amount of Each Receipt this Period
25.00

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

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 ▼ 50.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4189

Amount of Each Receipt this Period
50.00

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

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

A.	Full Name (Last, First, Middle Initial) James D Tompkins		Date of Receipt
	Mailing Address 1203 W 40th St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Austin	TX	78756
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4190
Name of Employer MBS Pharmacy		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) Charlene Turner		Date of Receipt
	Mailing Address 2101 Birdie Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 8 / 2 0 1 0
	City	State	Zip Code
	San Angelo	TX	76904
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4135
Name of Employer TRISUN Healthcare		Occupation Administrator, Regency House	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00

C.	Full Name (Last, First, Middle Initial) Charlene Turner		Date of Receipt
	Mailing Address 2101 Birdie Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	San Angelo	TX	76904
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4191
Name of Employer TRISUN Healthcare		Occupation Administrator, Regency House	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 130.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 17
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

A.

Full Name (Last, First, Middle Initial)
Deborah Weems

Mailing Address 2518 Harris Blvd

City Austin State TX Zip Code 78703

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

Name of Employer TRISUN Healthcare Occupation Vice President, Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt 11 / 15 / 2010

Transaction ID: SA11AI.4181

Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
James S B Whittenburg

Mailing Address 13406 Tierra Dr

City Austin State TX Zip Code 78727

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

Name of Employer HealthTronics Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 09 / 2010

Transaction ID: SA11AI.4193

Amount of Each Receipt this Period 1500.00

C.

Full Name (Last, First, Middle Initial)
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 ▼ 50.00

Date of Receipt 11 / 22 / 2010

Transaction ID: SA11AI.4192

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 1575.00

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 17 / 17	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Steve Wood		Date of Receipt																					
	Mailing Address 803 River Forest		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	5	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	5	/	2	0	1	0														
	City	State	Zip Code	Transaction ID: SA11AI.4185																				
	New Braunfels	TX	78132	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	100.00																					
Name of Employer Harden Healthcare		Occupation President, Long-term Care Division																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100.00																						

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	4030.00