

**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"/>		57115.50
(b) Cash on Hand at Beginning of Reporting Period.....	48035.20	
(c) Total Receipts (from Line 19)	9701.41	93340.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	57736.61	150455.61
7. Total Disbursements (from Line 31).....	3250.00	95969.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	54486.61	54486.61
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Harden Healthcare LLC Federal PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7573.00	64189.00
(ii) Unitemized	2128.41	29151.11
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9701.41	93340.11
(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)	9701.41	93340.11
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))..... ▶	9701.41	93340.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9701.41	93340.11

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	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.....	0.00	47865.00
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	4.00
(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	4.00
29. Other Disbursements	3250.00	47255.00
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)) ..	3250.00	95969.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3250.00	95969.00

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)	9701.41	93340.11
34. Total Contribution Refunds (from Line 28(d))	0.00	4.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9701.41	93336.11
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 63
(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. Brianna B Braden
 Full Name (Last, First, Middle Initial)
 Mailing Address 18821 Gold Dust Pass
 City Pflugerville State TX Zip Code 78660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Senior Vice President, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.15438
 Amount of Each Receipt this Period
 100.00

B. Brianna B Braden
 Full Name (Last, First, Middle Initial)
 Mailing Address 18821 Gold Dust Pass
 City Pflugerville State TX Zip Code 78660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Senior Vice President, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : SA11AI.15439
 Amount of Each Receipt this Period
 100.00

C. Brianna B Braden
 Full Name (Last, First, Middle Initial)
 Mailing Address 18821 Gold Dust Pass
 City Pflugerville State TX Zip Code 78660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Senior Vice President, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.15440
 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 7 OF 63
(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. 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 ▼ 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11Al.15435
 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 ▼ 2300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : SA11Al.15436
 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 ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11Al.15437
 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 63
(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 ▼
1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : SA11AI.15427

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : SA11AI.15428

Amount of Each Receipt this Period
50.00

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

Mailing Address 2807 S Gary Ave

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 ▼
1320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : SA11AI.15413

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.00

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 63
<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. Timothy R Brittingham
Full Name (Last, First, Middle Initial)
Mailing Address 2807 S Gary Ave
City Tulsa State OK Zip Code 74114
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Community Care Occupation: Regional Manager, Oklahoma
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1380.00**

Date of Receipt: 12 / 13 / 2012
Transaction ID : SA11Al.15414
Amount of Each Receipt this Period: **60.00**

B. Timothy R Brittingham
Full Name (Last, First, Middle Initial)
Mailing Address 2807 S Gary Ave
City Tulsa State OK Zip Code 74114
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Community Care Occupation: Regional Manager, Oklahoma
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1440.00**

Date of Receipt: 12 / 28 / 2012
Transaction ID : SA11Al.15415
Amount of Each Receipt this Period: **60.00**

C. Stefanie L Cavanaugh
Full Name (Last, First, Middle Initial)
Mailing Address 12512 Deer Falls Dr
City Austin State TX Zip Code 78729
FEC ID number of contributing federal political committee. **C**
Name of Employer: Harden Healthcare Services Occupation: Finance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **4400.00**

Date of Receipt: 11 / 30 / 2012
Transaction ID : SA11Al.15359
Amount of Each Receipt this Period: **200.00**

SUBTOTAL of Receipts This Page (optional)..... **320.00**
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 OF 63
<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 ▼ 4600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : SA11Al.15360
 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 ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11Al.15361
 Amount of Each Receipt this Period
 200.00

C. Cathi Coney
 Full Name (Last, First, Middle Initial)
 Mailing Address 7207 Nine Oaks Cv
 City Austin State TX Zip Code 78759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MBS Pharmacy Occupation Vice President, Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1025.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : SA11Al.15462
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	425.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Cathi Coney		Date of Receipt
Mailing Address 7207 Nine Oaks Cv		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Austin	TX	78759
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.15463
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
MBS Pharmacy	Vice President, Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1050.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gloria R Crawford		Date of Receipt
Mailing Address 6013 Forest Shadow St		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
San Antonio	TX	78240
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.15398
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
Name of Employer	Occupation	
Girling Community Care	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="630.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gloria R Crawford		Date of Receipt
Mailing Address 6013 Forest Shadow St		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
San Antonio	TX	78240
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.15399
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
Name of Employer	Occupation	
Girling Community Care	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="645.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="55.00"/>
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: (check only one)	PAGE 12 OF 63
	<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. Gloria R Crawford
Full Name (Last, First, Middle Initial)

Mailing Address 6013 Forest Shadow St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.15400

Amount of Each Receipt this Period

15.00

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

Mailing Address 4701 Circle Oak Cv

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

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

Name of Employer Girling Community Care	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : SA11AI.15384

Amount of Each Receipt this Period

100.00

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

Mailing Address 4701 Circle Oak Cv

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

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

Name of Employer Girling Community Care	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : SA11AI.15385

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	215.00
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 63
	<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. James Wayne Douglas
Full Name (Last, First, Middle Initial)

Mailing Address 4701 Circle Oak Cv

City Austin State TX Zip Code 78749

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

Name of Employer: Girling Community Care Occupation: President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt: 12 / 31 / 2012
Transaction ID : SA11AI.15386

Amount of Each Receipt this Period: 100.00

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

Mailing Address 799 W Bartlett Dr

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 ▼ 1650.00

Date of Receipt: 11 / 30 / 2012
Transaction ID : SA11AI.15464

Amount of Each Receipt this Period: 75.00

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

Mailing Address 799 W Bartlett Dr

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 ▼ 1725.00

Date of Receipt: 12 / 14 / 2012
Transaction ID : SA11AI.15465

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 14 OF 63
	<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. Mark Duncan

Mailing Address 799 W Bartlett Dr

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 ▼
1800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2012
Transaction ID : SA11Al.15466

Amount of Each Receipt this Period
75.00

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

Mailing Address 9113 Wampton Way

City State Zip Code
Austin TX 78749

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

Name of Employer Occupation
Girling Community Care Regional Director, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2012
Transaction ID : SA11Al.15401

Amount of Each Receipt this Period
10.00

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

Mailing Address 9113 Wampton Way

City State Zip Code
Austin TX 78749

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

Name of Employer Occupation
Girling Community Care Regional Director, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2012
Transaction ID : SA11Al.15402

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00

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 OF 63
	<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. Julie Eberwine		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2012 Transaction ID : SA11AI.15403
Mailing Address 9113 Wampton Way		Amount of Each Receipt this Period 60.00
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. C		
Name of Employer Girling Community Care	Occupation Regional Director, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Dianne B Edwards		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2012 Transaction ID : SA11AI.15374
Mailing Address 6600 Lands End Ct		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Dianne B Edwards		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 Transaction ID : SA11AI.15375
Mailing Address 6600 Lands End Ct		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 63
	<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. Dianne B Edwards
Full Name (Last, First, Middle Initial)
Mailing Address 6600 Lands End Ct
City Fort Worth State TX Zip Code 76116
FEC ID number of contributing federal political committee. **C**
Name of Employer TRISUN Healthcare Occupation Nurse Consultant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2012
Transaction ID : SA11AI.15376
Amount of Each Receipt this Period 25.00

B. Scott Ellyson
Full Name (Last, First, Middle Initial)
Mailing Address 824 Stonewall Ridge
City Austin State TX Zip Code 78746
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Occupation Chief Financial Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.15329
Amount of Each Receipt this Period 100.00

C. Scott Ellyson
Full Name (Last, First, Middle Initial)
Mailing Address 824 Stonewall Ridge
City Austin State TX Zip Code 78746
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Occupation Chief Financial Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 12 / 14 / 2012
Transaction ID : SA11AI.15330
Amount of Each Receipt this Period 100.00

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 17 OF 63
	<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. 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 ▼ 2400.00

Date of Receipt
12 / 31 / 2012
Transaction ID : SA11AI.15331

Amount of Each Receipt this Period
100.00

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

Mailing Address 400 E Red Bridge Rd

City Kansas City State MO Zip Code 67131

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

Name of Employer Hospice Care of Kansas Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
12 / 07 / 2012
Transaction ID : SA11AI.15338

Amount of Each Receipt this Period
50.00

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

Mailing Address 400 E Red Bridge Rd

City Kansas City State MO Zip Code 67131

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

Name of Employer Hospice Care of Kansas Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
12 / 21 / 2012
Transaction ID : SA11AI.15339

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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 18 OF 63
<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. Patricia A (Tricia) Fox		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : SA11Al.15476
Mailing Address PO Box 190		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. Patricia A (Tricia) Fox		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2012 Transaction ID : SA11Al.15477
Mailing Address PO Box 190		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) C. Patricia A (Tricia) Fox		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012 Transaction ID : SA11Al.15478
Mailing Address PO Box 190		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

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 63
<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. Lori Don McNamee Gregory		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : SA11AI.15323
Mailing Address 555 E 5th St Apt 2819		Amount of Each Receipt this Period 25.00
City Austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	
Name of Employer Harden Healthcare Services Occupation Chief Compliance Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00

Full Name (Last, First, Middle Initial) B. Lori Don McNamee Gregory		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 14 / 2012 Transaction ID : SA11AI.15324
Mailing Address 555 E 5th St Apt 2819		Amount of Each Receipt this Period 25.00
City Austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	
Name of Employer Harden Healthcare Services Occupation Chief Compliance Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00

Full Name (Last, First, Middle Initial) C. Lori Don McNamee Gregory		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012 Transaction ID : SA11AI.15325
Mailing Address 555 E 5th St Apt 2819		Amount of Each Receipt this Period 25.00
City Austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	
Name of Employer Harden Healthcare Services Occupation Chief Compliance Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

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 20 OF 63
	<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. Elaine Hall
Full Name (Last, First, Middle Initial)
Mailing Address 6480 County Road 321

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	07	/	2012

Transaction ID : SA11Al.15292

Amount of Each Receipt this Period

25.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	21	/	2012

Transaction ID : SA11Al.15293

Amount of Each Receipt this Period

25.00

C. Benjamin Hanson
Full Name (Last, First, Middle Initial)
Mailing Address 2211 Sunny Slope Dr

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 ▼ **4400.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	30	/	2012

Transaction ID : SA11Al.15444

Amount of Each Receipt this Period

200.00

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 21 OF 63
	<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. Benjamin Hanson
Full Name (Last, First, Middle Initial)
Mailing Address 2211 Sunny Slope Dr
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 ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 14 / 2012
Transaction ID : SA11AI.15445
Amount of Each Receipt this Period
200.00

B. Benjamin Hanson
Full Name (Last, First, Middle Initial)
Mailing Address 2211 Sunny Slope Dr
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 ▼ 4800.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2012
Transaction ID : SA11AI.15446
Amount of Each Receipt this Period
200.00

C. Eric J Hansum
Full Name (Last, First, Middle Initial)
Mailing Address 3005 Chatelaine Dr
City Austin State TX Zip Code 78746
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Occupation Legal
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 30 / 2012
Transaction ID : SA11AI.15371
Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 63
<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. Eric J Hansum
Full Name (Last, First, Middle Initial)
Mailing Address 3005 Chatelaine Dr
City Austin State TX Zip Code 78746
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Occupation Legal
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 12 / 14 / 2012
Transaction ID : SA11AI.15372
Amount of Each Receipt this Period 50.00

B. Eric J Hansum
Full Name (Last, First, Middle Initial)
Mailing Address 3005 Chatelaine Dr
City Austin State TX Zip Code 78746
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Occupation Legal
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2012
Transaction ID : SA11AI.15373
Amount of Each Receipt this Period 50.00

C. Robin J Hayes
Full Name (Last, First, Middle Initial)
Mailing Address 6112 Jumano Ln
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 ▼ 1100.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.15467
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 23 OF 63
	<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. Robin J Hayes
Full Name (Last, First, Middle Initial)

Mailing Address 6112 Jumano Ln

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 ▼ 1150.00

Date of Receipt 12 / 14 / 2012
Transaction ID : SA11AI.15468

Amount of Each Receipt this Period 50.00

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

Mailing Address 6112 Jumano Ln

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 ▼ 1200.00

Date of Receipt 12 / 31 / 2012
Transaction ID : SA11AI.15469

Amount of Each Receipt this Period 50.00

C. Janelle B Hesselsweet
Full Name (Last, First, Middle Initial)

Mailing Address 2709 Barton's Bluff Ln

City Austin State TX Zip Code 78746

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

Name of Employer Harden Healthcare Services Occupation Regional Manager, HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.15410

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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 24 OF 63
	<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. Janelle B Hesselsweet
Full Name (Last, First, Middle Initial)

Mailing Address 2709 Barton's Bluff Ln

City Austin State TX Zip Code 78746

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

Name of Employer Harden Healthcare Services Occupation Regional Manager, HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **12 / 14 / 2012**

Transaction ID : SA11AI.15411

Amount of Each Receipt this Period **10.00**

B. Janelle B Hesselsweet
Full Name (Last, First, Middle Initial)

Mailing Address 2709 Barton's Bluff Ln

City Austin State TX Zip Code 78746

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

Name of Employer Harden Healthcare Services Occupation Regional Manager, HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **12 / 31 / 2012**

Transaction ID : SA11AI.15412

Amount of Each Receipt this Period **10.00**

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

Mailing Address 494 Countryside Dr

City Rolla State MO Zip Code 65401

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

Name of Employer Girling Community Care Occupation Director of Nursing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **12 / 05 / 2012**

Transaction ID : SA11AI.15347

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **45.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 63
	<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. Tina Hilmas
Full Name (Last, First, Middle Initial)

Mailing Address 494 Countryside Dr

City Rolla State MO Zip Code 65401

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt: **12 / 21 / 2012**

Transaction ID : SA11AI.15348

Amount of Each Receipt this Period: **25.00**

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

Mailing Address 4000 Dunning Ln

City Austin State TX Zip Code 78746

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

Name of Employer: Harden Healthcare Services Occupation: Government Relations Liaison

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt: **11 / 30 / 2012**

Transaction ID : SA11AI.15368

Amount of Each Receipt this Period: **25.00**

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

Mailing Address 4000 Dunning Ln

City Austin State TX Zip Code 78746

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

Name of Employer: Harden Healthcare Services Occupation: Government Relations Liaison

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt: **12 / 14 / 2012**

Transaction ID : SA11AI.15369

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 26 OF 63
	<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. Chelsea M Holden
Full Name (Last, First, Middle Initial)

Mailing Address 4000 Dunning Ln

City Austin State TX Zip Code 78746

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

Name of Employer Harden Healthcare Services Occupation Government Relations Liaison

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.15370

Amount of Each Receipt this Period
25.00

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

Mailing Address 6116 Sulfur Spring Dr

City Killeen State TX Zip Code 76542

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

Name of Employer TRISUN Healthcare Occupation Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **770.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11AI.15349

Amount of Each Receipt this Period
40.00

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

Mailing Address 6116 Sulfur Spring Dr

City Killeen State TX Zip Code 76542

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

Name of Employer TRISUN Healthcare Occupation Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.15350

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....▶	105.00
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 63
	<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. Kelly Ann Jalowiec
 Full Name (Last, First, Middle Initial)
 Mailing Address 1410 W Fillmore St
 City Chicago State IL Zip Code 60607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Girling Home Health Occupation: Vice President, Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1650.00**

Date of Receipt: **11 / 30 / 2012**
Transaction ID : SA11Al.15459
 Amount of Each Receipt this Period: **75.00**

B. Kelly Ann Jalowiec
 Full Name (Last, First, Middle Initial)
 Mailing Address 1410 W Fillmore St
 City Chicago State IL Zip Code 60607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Girling Home Health Occupation: Vice President, Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1725.00**

Date of Receipt: **12 / 14 / 2012**
Transaction ID : SA11Al.15460
 Amount of Each Receipt this Period: **75.00**

C. Kelly Ann Jalowiec
 Full Name (Last, First, Middle Initial)
 Mailing Address 1410 W Fillmore St
 City Chicago State IL Zip Code 60607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Girling Home Health Occupation: Vice President, Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1800.00**

Date of Receipt: **12 / 31 / 2012**
Transaction ID : SA11Al.15461
 Amount of Each Receipt this Period: **75.00**

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Lakishia Lanette Jawdjee		Date of Receipt
Mailing Address 5735 Tiger Lilly Way		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Houston	TX	77085
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.15395
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Girling Community Care	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lakishia Lanette Jawdjee		Date of Receipt
Mailing Address 5735 Tiger Lilly Way		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Houston	TX	77085
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.15396
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Girling Community Care	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="575.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lakishia Lanette Jawdjee		Date of Receipt
Mailing Address 5735 Tiger Lilly Way		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Houston	TX	77085
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.15397
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Girling Community Care	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
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: (check only one)	PAGE 29 OF 63
	<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 County Road 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 ▼ **625.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

Transaction ID : SA11AI.15393

Amount of Each Receipt this Period

25.00

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

Mailing Address 13601 County Road 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 ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

Transaction ID : SA11AI.15394

Amount of Each Receipt this Period

25.00

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

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 ▼ **2750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : SA11AI.15441

Amount of Each Receipt this Period

125.00

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 30 OF 63
	<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 ▼ **2875.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : SA11AI.15442

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 ▼ **2975.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.15443

Amount of Each Receipt this Period
100.00

C. Beverly Ann Kolb
Full Name (Last, First, Middle Initial)

Mailing Address RT 2 Box 179

City Bronson State TX Zip Code 75930

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

Name of Employer Girling Community Care Occupation Branch Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.15318

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	235.00
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 63
	<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. Beverly Ann Kolb
Full Name (Last, First, Middle Initial)
Mailing Address RT 2 Box 179

City Bronson	State TX	Zip Code 75930
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : SA11AI.15319

Amount of Each Receipt this Period
10.00

B. Beverly Ann Kolb
Full Name (Last, First, Middle Initial)
Mailing Address RT 2 Box 179

City Bronson	State TX	Zip Code 75930
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.15320

Amount of Each Receipt this Period
10.00

C. Kimberly A Layton
Full Name (Last, First, Middle Initial)
Mailing Address 9513 Prescott Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : SA11AI.15387

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 63
	<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"/>	<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. Kimberly A Layton		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2012 Transaction ID : SA11AI.15388
Mailing Address 9513 Prescott Dr		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee.	C	
Name of Employer Harden Healthcare	Occupation President, Leadership Development Inst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) B. Kimberly A Layton		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012 Transaction ID : SA11AI.15389
Mailing Address 9513 Prescott Dr		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee.	C	
Name of Employer Harden Healthcare	Occupation President, Leadership Development Inst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

Full Name (Last, First, Middle Initial) C. George Ledbetter		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : SA11AI.15365
Mailing Address 1620 Elder Hill Rd		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 ▼ 1100.00	

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 33 OF 63
	<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. George Ledbetter

Mailing Address 1620 Elder Hill Rd

City State Zip Code
Driftwood TX 78619

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

Name of Employer Occupation
Girling Community Care General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2012
Transaction ID : SA11AI.15366

Amount of Each Receipt this Period
50.00

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

Mailing Address 1620 Elder Hill Rd

City State Zip Code
Driftwood TX 78619

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

Name of Employer Occupation
Girling Community Care General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2012
Transaction ID : SA11AI.15367

Amount of Each Receipt this Period
50.00

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

Mailing Address 1645 BENBOW RD

City State Zip Code
INEZ TX 77968

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

Name of Employer Occupation
Girling Home Health Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2012
Transaction ID : SA11AI.15419

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.00

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 63
<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. Deanna Faye Lewis

Mailing Address 1645 BENBOW RD

City INEZ	State TX	Zip Code 77968
--------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : SA11Al.15420

Amount of Each Receipt this Period

15.00

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

Mailing Address 1645 BENBOW RD

City INEZ	State TX	Zip Code 77968
--------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11Al.15421

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)
C. Debra Lietz

Mailing Address 210 W Windcrest St

City Frederickburg	State TX	Zip Code 78624
-----------------------	-------------	-------------------

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

Name of Employer Windcrest Nursing and Rehab	Occupation Administrator
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2012

Transaction ID : SA11Al.15310

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional).....▶	40.00
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 35 OF 63
(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. Debra Lietz

Mailing Address 210 W Windcrest St

City State Zip Code
 Frederickburg TX 78624

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

Name of Employer Occupation
 Windcrest Nursing and Rehab Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012

Transaction ID : SA11AI.15311

Amount of Each Receipt this Period
 100.00

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

Mailing Address 1703 W 5th St

City State Zip Code
 Austin TX 78703

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012

Transaction ID : SA11AI.15453

Amount of Each Receipt this Period
 50.00

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

Mailing Address 1703 W 5th St

City State Zip Code
 Austin TX 78703

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012

Transaction ID : SA11AI.15454

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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 36 OF 63
	<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. William Thomas Linder Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1703 W 5th St

City Austin State TX Zip Code 78703

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt: **12 / 31 / 2012**

Transaction ID : SA11AI.15455

Amount of Each Receipt this Period: **50.00**

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

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 ▼ **1100.00**

Date of Receipt: **11 / 30 / 2012**

Transaction ID : SA11AI.15344

Amount of Each Receipt this Period: **50.00**

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

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 ▼ **1150.00**

Date of Receipt: **12 / 14 / 2012**

Transaction ID : SA11AI.15345

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 37 OF 63
	<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. Maria A MacKeil
Full Name (Last, First, Middle Initial)

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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.15346

Amount of Each Receipt this Period
 50.00

B. Polly A Matlock
Full Name (Last, First, Middle Initial)

Mailing Address 7225 Eastex Fwy

City Beaumont State TX Zip Code 77708

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

Name of Employer Girling Home Health Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.15289

Amount of Each Receipt this Period
 30.00

C. Polly A Matlock
Full Name (Last, First, Middle Initial)

Mailing Address 7225 Eastex Fwy

City Beaumont State TX Zip Code 77708

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

Name of Employer Girling Home Health Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : SA11AI.15290

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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 38 OF 63
<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. Polly A Matlock		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012 Transaction ID : SA11AI.15291
Mailing Address 7225 Eastex Fwy		Amount of Each Receipt this Period 30.00
City Beaumont	State TX	Zip Code 77708
FEC ID number of contributing federal political committee. C		
Name of Employer Girling Home Health	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. Deborah Morgan		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : SA11AI.15381
Mailing Address 5404 Agatha Cir		Amount of Each Receipt this Period 20.00
City Austin	State TX	Zip Code 78724
FEC ID number of contributing federal political committee. C		
Name of Employer Harden Healthcare Services	Occupation PMO Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

Full Name (Last, First, Middle Initial) C. Deborah Morgan		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 14 / 2012 Transaction ID : SA11AI.15382
Mailing Address 5404 Agatha Cir		Amount of Each Receipt this Period 20.00
City Austin	State TX	Zip Code 78724
FEC ID number of contributing federal political committee. C		
Name of Employer Harden Healthcare Services	Occupation PMO Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	70.00
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 39 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

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

Mailing Address 5404 Agatha Cir

City Austin State TX Zip Code 78724

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

Name of Employer Harden Healthcare Services Occupation PMO Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.15383

Amount of Each Receipt this Period
20.00

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

Mailing Address 3507 Abrazo

City San Antonio State TX Zip Code 78247

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

Name of Employer TRISUN Healthcare Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : SA11AI.15425

Amount of Each Receipt this Period
25.00

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

Mailing Address 3507 Abrazo

City San Antonio State TX Zip Code 78247

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

Name of Employer TRISUN Healthcare Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : SA11AI.15426

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	70.00
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 40 OF 63
	<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. 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, Finance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1100.00**

Date of Receipt: 11 / 30 / 2012
Transaction ID : SA11Al.15450
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, Finance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1150.00**

Date of Receipt: 12 / 14 / 2012
Transaction ID : SA11Al.15451
Amount of Each Receipt this Period: 50.00

C. 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, Finance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1200.00**

Date of Receipt: 12 / 31 / 2012
Transaction ID : SA11Al.15452
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 41 OF 63
	<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. 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 ▼ **358.00**

Date of Receipt: **11 / 30 / 2012**

Transaction ID : SA11AI.15362

Amount of Each Receipt this Period: **1.00**

B. 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 ▼ **359.00**

Date of Receipt: **12 / 14 / 2012**

Transaction ID : SA11AI.15363

Amount of Each Receipt this Period: **1.00**

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 ▼ **360.00**

Date of Receipt: **12 / 31 / 2012**

Transaction ID : SA11AI.15364

Amount of Each Receipt this Period: **1.00**

SUBTOTAL of Receipts This Page (optional)..... **3.00**

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 42 OF 63
(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. Robin A Polk

Mailing Address 201 County Road 326a

City State Zip Code
Rosebud TX 76570

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

Name of Employer Occupation
Girling Community Care Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11Al.15407

Amount of Each Receipt this Period
25.00

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

Mailing Address 201 County Road 326a

City State Zip Code
Rosebud TX 76570

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

Name of Employer Occupation
Girling Community Care Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 14 / 2012
Transaction ID : SA11Al.15408

Amount of Each Receipt this Period
25.00

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

Mailing Address 201 County Road 326a

City State Zip Code
Rosebud TX 76570

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

Name of Employer Occupation
Girling Community Care Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11Al.15409

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 43 OF 63
	<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. Jeanette Reinert
Full Name (Last, First, Middle Initial)
Mailing Address 3110 Cimmaron Rd

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 ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : SA11AI.15404

Amount of Each Receipt this Period
25.00

B. Jeanette Reinert
Full Name (Last, First, Middle Initial)
Mailing Address 3110 Cimmaron Rd

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 ▼
575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : SA11AI.15405

Amount of Each Receipt this Period
25.00

C. Jeanette Reinert
Full Name (Last, First, Middle Initial)
Mailing Address 3110 Cimmaron Rd

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.15406

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 44 OF 63
	<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. Lisa Roundtree
Full Name (Last, First, Middle Initial)
Mailing Address 408 Beauty Ln
City Whitesboro State TX Zip Code 76273
FEC ID number of contributing federal political committee. **C**
Name of Employer MBS Rehab Occupation Occupational Therapist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **575.00**

Date of Receipt **12 / 07 / 2012**
Transaction ID : SA11AI.15377
Amount of Each Receipt this Period **25.00**

B. Lisa Roundtree
Full Name (Last, First, Middle Initial)
Mailing Address 408 Beauty Ln
City Whitesboro State TX Zip Code 76273
FEC ID number of contributing federal political committee. **C**
Name of Employer MBS Rehab Occupation Occupational Therapist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 21 / 2012**
Transaction ID : SA11AI.15378
Amount of Each Receipt this Period **25.00**

C. Chris Roussos
Full Name (Last, First, Middle Initial)
Mailing Address 1611 W 5th St
City Austin State TX Zip Code 78713
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Occupation Chief Financial Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **440.00**

Date of Receipt **11 / 30 / 2012**
Transaction ID : SA11AI.15326
Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **70.00**
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 45 OF 63
	<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. Chris Roussos

Mailing Address 1611 W 5th St

City Austin State TX Zip Code 78713

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

Name of Employer Harden Healthcare Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : SA11AI.15327

Amount of Each Receipt this Period
20.00

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

Mailing Address 1611 W 5th St

City Austin State TX Zip Code 78713

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

Name of Employer Harden Healthcare Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.15328

Amount of Each Receipt this Period
20.00

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 ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.15447

Amount of Each Receipt this Period
25.00

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

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

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

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

FOR LINE NUMBER: PAGE 46 OF 63
(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. Kelly Rowe

Mailing Address 1284 County Road 282

City State Zip Code
 Bertram TX 78605

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

Name of Employer Occupation
 Harden Healthcare Services Sr. Network Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : SA11AI.15448

Amount of Each Receipt this Period
 25.00

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

Mailing Address 1284 County Road 282

City State Zip Code
 Bertram TX 78605

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

Name of Employer Occupation
 Harden Healthcare Services Sr. Network Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.15449

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Nancy Jean Sciortino

Mailing Address 823 S CEDAR AVE

City State Zip Code
 ELMHURST IL 60126

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

Name of Employer Occupation
 Girling Community Care Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : SA11AI.15081

Amount of Each Receipt this Period
 10.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 63
	<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. Nancy Jean Sciortino
Full Name (Last, First, Middle Initial)

Mailing Address 823 S CEDAR AVE

City ELMHURST	State IL	Zip Code 60126
------------------	-------------	-------------------

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 ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2012

Transaction ID : SA11AI.15082

Amount of Each Receipt this Period
10.00

B. Nancy Jean Sciortino
Full Name (Last, First, Middle Initial)

Mailing Address 823 S CEDAR AVE

City ELMHURST	State IL	Zip Code 60126
------------------	-------------	-------------------

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 ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

Transaction ID : SA11AI.15083

Amount of Each Receipt this Period
10.00

C. Mark E Seale
Full Name (Last, First, Middle Initial)

Mailing Address 5614 Clay Ave

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

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

Name of Employer Harden Healthcare Services	Occupation Vice President, Network Services
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : SA11AI.15456

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 48 OF 63
<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. Mark E Seale

Mailing Address 5614 Clay Ave

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

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

Name of Employer Harden Healthcare Services	Occupation Vice President, Network Services
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : SA11AI.15457

Amount of Each Receipt this Period

60.00

10.00

Full Name (Last, First, Middle Initial)
B. Mark E Seale

Mailing Address 5614 Clay Ave

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

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

Name of Employer Harden Healthcare Services	Occupation Vice President, Network Services
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.15458

Amount of Each Receipt this Period

60.00

10.00

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

Mailing Address 722 Craig St

City Hillboro	State TX	Zip Code 76645
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **920.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2012

Transaction ID : SA11AI.15304

Amount of Each Receipt this Period

60.00

40.00

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 63
	<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. Rebecca Shropshire

Mailing Address 722 Craig St

City Hillboro State TX Zip Code 76645

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

Name of Employer TRISUN Healthcare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.15305

Amount of Each Receipt this Period
40.00

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

Mailing Address 3804 Middle Earth Trl

City Austin State TX Zip Code 78739

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

Name of Employer Harden Healthcare Services Occupation Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : SA11AI.15335

Amount of Each Receipt this Period
25.00

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

Mailing Address 3804 Middle Earth Trl

City Austin State TX Zip Code 78739

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

Name of Employer Harden Healthcare Services Occupation Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2012

Transaction ID : SA11AI.15336

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 50 OF 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Toni M Silguero		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012 Transaction ID : SA11AI.15337
Mailing Address 3804 Middle Earth Trl		Amount of Each Receipt this Period 25.00
City Austin	State TX	Zip Code 78739
FEC ID number of contributing federal political committee. C		
Name of Employer Harden Healthcare Services	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Juli Simmang		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2012 Transaction ID : SA11AI.15342
Mailing Address 991 Oak Rdg		Amount of Each Receipt this Period 50.00
City Shertz	State TX	Zip Code 78154
FEC ID number of contributing federal political committee. C		
Name of Employer MBS Rehab	Occupation Director of Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) C. Juli Simmang		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2012 Transaction ID : SA11AI.15343
Mailing Address 991 Oak Rdg		Amount of Each Receipt this Period 50.00
City Shertz	State TX	Zip Code 78154
FEC ID number of contributing federal political committee. C		
Name of Employer MBS Rehab	Occupation Director of Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

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 51 OF 63
<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. 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 ▼ 550.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.15356
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 ▼ 575.00

Date of Receipt 12 / 14 / 2012
Transaction ID : SA11AI.15357
Amount of Each Receipt this Period 25.00

C. 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 ▼ 600.00

Date of Receipt 12 / 31 / 2012
Transaction ID : SA11AI.15358
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 52 OF 63
	<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. Kenneth Stribling

Mailing Address 2419 Edgecliff Path

City State Zip Code
Georgetown TX 78626

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

Name of Employer Occupation
TRISUN Healthcare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
839.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2012
Transaction ID : SA11Al.15296

Amount of Each Receipt this Period
25.00

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

Mailing Address 2419 Edgecliff Path

City State Zip Code
Georgetown TX 78626

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

Name of Employer Occupation
TRISUN Healthcare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
864.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 21 / 2012
Transaction ID : SA11Al.15297

Amount of Each Receipt this Period
25.00

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

Mailing Address 3208 Main Cir W

City State Zip Code
Clifton CO 81520

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

Name of Employer Occupation
Voyager Hospice Clinical Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2012
Transaction ID : SA11Al.15332

Amount of Each Receipt this Period
25.00

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

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

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

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

FOR LINE NUMBER: PAGE 53 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 3208 Main Cir W

City Clifton State CO Zip Code 81520

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

Name of Employer Voyager Hospice Occupation Clinical Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : SA11AI.15333

Amount of Each Receipt this Period
25.00

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

Mailing Address 3208 Main Cir W

City Clifton State CO Zip Code 81520

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

Name of Employer Voyager Hospice Occupation Clinical Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.15334

Amount of Each Receipt this Period
25.00

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

Mailing Address 2101 Birdie Ct

City San Angelo State TX Zip Code 76904

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

Name of Employer TRISUN Healthcare Occupation Administrator, Regency House

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : SA11AI.15314

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 54 OF 63
	<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. Charlene Turner
Full Name (Last, First, Middle Initial)

Mailing Address 2101 Birdie Ct

City San Angelo State TX Zip Code 76904

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

Name of Employer TRISUN Healthcare Occupation Administrator, Regency House

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.15315

Amount of Each Receipt this Period
25.00

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

Mailing Address 629 Park Ave

City New Richmond State WI Zip Code 54017

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

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

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
11 / 30 / 2012

Transaction ID : SA11AI.15473

Amount of Each Receipt this Period
25.00

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

Mailing Address 629 Park Ave

City New Richmond State WI Zip Code 54017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2012

Transaction ID : SA11AI.15474

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 55 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 629 Park Ave

City New Richmond State WI Zip Code 54017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
12 / 31 / 2012
Transaction ID : SA11AI.15475

Amount of Each Receipt this Period
25.00

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

Mailing Address 253 LCR 405

City Mexia State TX Zip Code 76667

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

Name of Employer Occupation
Girling Home Health Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
11 / 30 / 2012
Transaction ID : SA11AI.15422

Amount of Each Receipt this Period
50.00

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

Mailing Address 253 LCR 405

City Mexia State TX Zip Code 76667

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

Name of Employer Occupation
Girling Home Health Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt
12 / 14 / 2012
Transaction ID : SA11AI.15423

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 56 OF 63
<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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11Al.15424

Amount of Each Receipt this Period
50.00

B. Jennifer Lynn Vogt
Full Name (Last, First, Middle Initial)
Mailing Address 4506 Grand Cypress Dr

City Austin	State TX	Zip Code 78747
----------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation Regional Vice President
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : SA11Al.15416

Amount of Each Receipt this Period
55.00

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

City Austin	State TX	Zip Code 78747
----------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation Regional Vice President
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : SA11Al.15417

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional).....▶	160.00
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 57 OF 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Jennifer Lynn Vogt
Full Name (Last, First, Middle Initial)

Mailing Address 4506 Grand Cypress Dr

City Austin State TX Zip Code 78747

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

Name of Employer: Girling Community Care
Occupation: Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1320.00

Date of Receipt
12 / 31 / 2012
Transaction ID : SA11AI.15418

Amount of Each Receipt this Period
55.00

B. Saundra Kay Walters
Full Name (Last, First, Middle Initial)

Mailing Address 2900 Lake Jackson Rd
PO BOX 647

City Mounds State OK Zip Code 74047

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

Name of Employer: Girling Community Care
Occupation: Director of Nursing, OK

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
11 / 28 / 2012
Transaction ID : SA11AI.15351

Amount of Each Receipt this Period
10.00

C. Saundra Kay Walters
Full Name (Last, First, Middle Initial)

Mailing Address 2900 Lake Jackson Rd
PO BOX 647

City Mounds State OK Zip Code 74047

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

Name of Employer: Girling Community Care
Occupation: Director of Nursing, OK

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
12 / 13 / 2012
Transaction ID : SA11AI.15352

Amount of Each Receipt this Period
10.00

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 58 OF 63
	<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. Saundra Kay Walters

Mailing Address 2900 Lake Jackson Rd
PO BOX 647

City Mounds State OK Zip Code 74047

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

Name of Employer: Girling Community Care Occupation: Director of Nursing, OK

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
12 / 28 / 2012
Transaction ID : SA11AI.15353

Amount of Each Receipt this Period
100.00

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

Mailing Address 3733 Locke Ln

City Corpus Christi State TX Zip Code 78415

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

Name of Employer: MBS Rehab Occupation: Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1125.00**

Date of Receipt
12 / 07 / 2012
Transaction ID : SA11AI.15354

Amount of Each Receipt this Period
25.00

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

Mailing Address 3733 Locke Ln

City Corpus Christi State TX Zip Code 78415

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

Name of Employer: MBS Rehab Occupation: Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1150.00**

Date of Receipt
12 / 21 / 2012
Transaction ID : SA11AI.15355

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Mailing Address 1703 W 5th St Ste 700

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation Vice President, Public Affairs
---------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : SA11Al.15470

Amount of Each Receipt this Period

40.00

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

Mailing Address 1703 W 5th St Ste 700

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation Vice President, Public Affairs
---------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **920.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : SA11Al.15471

Amount of Each Receipt this Period

40.00

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

Mailing Address 1703 W 5th St Ste 700

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation Vice President, Public Affairs
---------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11Al.15472

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Troy Adam Yarborough		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : SA11AI.15432
Mailing Address 1703 W 5th St Ste 700		Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee. C	Name of Employer Harden Healthcare	
Occupation Senior Vice President		Aggregate Year-to-Date ▼ 720.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Troy Adam Yarborough		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2012 Transaction ID : SA11AI.15433
Mailing Address 1703 W 5th St Ste 700		Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee. C	Name of Employer Harden Healthcare	
Occupation Senior Vice President		Aggregate Year-to-Date ▼ 770.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Troy Adam Yarborough		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012 Transaction ID : SA11AI.15434
Mailing Address 1703 W 5th St Ste 700		Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee. C	Name of Employer Harden Healthcare	
Occupation Senior Vice President		Aggregate Year-to-Date ▼ 820.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 61 OF 63
(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. Stephen Young

Mailing Address 1511 Marlandwood Rd

City State Zip Code
 Temple TX 76502

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

Name of Employer Occupation
 TRISUN Healthcare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : SA11AI.15294

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Stephen Young

Mailing Address 1511 Marlandwood Rd

City State Zip Code
 Temple TX 76502

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

Name of Employer Occupation
 TRISUN Healthcare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : SA11AI.15295

Amount of Each Receipt this Period
 10.00

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	7573.00

**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. Hon. Brian D Birdwell

Mailing Address 1602 Catalina Bay Ct

City Granbury State TX Zip Code 76048

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.15767

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Travis Clardy

Mailing Address 209 E Main St

City Nacogdoches State TX Zip Code 75961

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.15769

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Larry Gonzales

Mailing Address PO BOX 2501

City ROUND ROCK State TX Zip Code 78680

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.15777

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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. William Bennett Ratliff

Mailing Address 556 Arbor Brook

City Coppel State TX Zip Code 75019

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2012

Transaction ID : SB29.15775

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. TEXANS FOR JASON VILLALBA

Mailing Address PO BOX 670368

City DALLAS State TX Zip Code 75367

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2012

Transaction ID : SB29.15771

Amount of Each Disbursement this Period

250.00

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

Amount of Each Disbursement this Period

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

500.00

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

3250.00