

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2011"/>	<input type="text" value="10823.00"/>	<input type="text" value="10823.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="26506.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="58751.50"/>	<input type="text" value="90434.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="85257.50"/>	<input type="text" value="101257.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="28142.00"/>	<input type="text" value="44142.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="57115.50"/>	<input type="text" value="57115.50"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Harden Healthcare LLC Federal PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	43155.50	66085.50
(ii) Unitemized	15596.00	24349.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	58751.50	90434.50
(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)	58751.50	90434.50
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))..... ▶	58751.50	90434.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	58751.50	90434.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	605.00	605.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	605.00	605.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18287.00	34287.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	9250.00	9250.00
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)) ..	28142.00	44142.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28142.00	44142.00

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)	58751.50	90434.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58751.50	90434.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	605.00	605.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	605.00	605.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 197
	<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. Cecilia Abbott
Full Name (Last, First, Middle Initial)

Mailing Address 2601 Wooldridge

City Austin State TX Zip Code 78703

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2011
Transaction ID : SA11AI.6045

Amount of Each Receipt this Period: 50.00

B. Cecilia Abbott
Full Name (Last, First, Middle Initial)

Mailing Address 2601 Wooldridge

City Austin State TX Zip Code 78703

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 14 / 2011
Transaction ID : SA11AI.6307

Amount of Each Receipt this Period: 50.00

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

Mailing Address 2601 Wooldridge

City Austin State TX Zip Code 78703

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 31 / 2011
Transaction ID : SA11AI.6564

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 7 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cecilia Abbott
Full Name (Last, First, Middle Initial)
Mailing Address 2601 Wooldridge

City Austin	State TX	Zip Code 78703
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : SA11Al.6819

Amount of Each Receipt this Period
50.00

B. Cecilia Abbott
Full Name (Last, First, Middle Initial)
Mailing Address 2601 Wooldridge

City Austin	State TX	Zip Code 78703
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : SA11Al.7083

Amount of Each Receipt this Period
50.00

C. Cecilia Abbott
Full Name (Last, First, Middle Initial)
Mailing Address 2601 Wooldridge

City Austin	State TX	Zip Code 78703
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : SA11Al.7331

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 8 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Cecilia Abbott

Mailing Address 2601 Wooldridge

City Austin State TX Zip Code 78703

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : SA11AI.7575

Amount of Each Receipt this Period
500.00

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

Mailing Address 202 Fortune Dr

City Corpus Christi State TX Zip Code 78405

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

Name of Employer TRISUN Healthcare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2011

Transaction ID : SA11AI.7797

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. JoEllen A Andrews

Mailing Address 2270 Orchid Ln

City Beaumont State TX Zip Code 77713

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 ▼ **313.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : SA11AI.7803

Amount of Each Receipt this Period
313.00

SUBTOTAL of Receipts This Page (optional).....▶	863.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Brianna B Braden
 Full Name (Last, First, Middle Initial)
 Mailing Address 18821 Golddust Pass
 City Pflugerville State TX Zip Code 78660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Senior Vice President, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.5121
 Amount of Each Receipt this Period
 100.00

B. Brianna B Braden
 Full Name (Last, First, Middle Initial)
 Mailing Address 18821 Golddust Pass
 City Pflugerville State TX Zip Code 78660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Senior Vice President, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2011
Transaction ID : SA11AI.5197
 Amount of Each Receipt this Period
 100.00

C. Brianna B Braden
 Full Name (Last, First, Middle Initial)
 Mailing Address 18821 Golddust Pass
 City Pflugerville State TX Zip Code 78660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Senior Vice President, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2011
Transaction ID : SA11AI.5292
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Brianna B Braden		Date of Receipt MM / DD / YYYY 08 / 31 / 2011 Transaction ID : SA11AI.5453
Mailing Address 18821 Golddust Pass		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) B. Brianna B Braden		Date of Receipt MM / DD / YYYY 09 / 15 / 2011 Transaction ID : SA11AI.5736
Mailing Address 18821 Golddust Pass		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

Full Name (Last, First, Middle Initial) C. Brianna B Braden		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 Transaction ID : SA11AI.6053
Mailing Address 18821 Golddust Pass		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 18821 Golddust Pass

City Pflugerville State TX Zip Code 78660

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.6315

Amount of Each Receipt this Period
 100.00

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

Mailing Address 18821 Golddust Pass

City Pflugerville State TX Zip Code 78660

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011

Transaction ID : SA11AI.6572

Amount of Each Receipt this Period
 100.00

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

Mailing Address 18821 Golddust Pass

City Pflugerville State TX Zip Code 78660

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2011

Transaction ID : SA11AI.6827

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Brianna B Braden
Full Name (Last, First, Middle Initial)
Mailing Address 18821 Golddust Pass

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : SA11AI.7090

Amount of Each Receipt this Period

100.00

B. Brianna B Braden
Full Name (Last, First, Middle Initial)
Mailing Address 18821 Golddust Pass

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : SA11AI.7338

Amount of Each Receipt this Period

100.00

C. Brianna B Braden
Full Name (Last, First, Middle Initial)
Mailing Address 18821 Golddust Pass

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

Transaction ID : SA11AI.7582

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Wendi Bray
Full Name (Last, First, Middle Initial)
Mailing Address 15705 Edenderry Dr
City Austin State TX Zip Code 78717
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 ▼ 1300.00

Date of Receipt 07 / 15 / 2011
Transaction ID : SA11AI.5122
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 ▼ 1400.00

Date of Receipt 07 / 29 / 2011
Transaction ID : SA11AI.5198
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 ▼ 1500.00

Date of Receipt 08 / 15 / 2011
Transaction ID : SA11AI.5293
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 ▼
1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2011
Transaction ID : SA11AI.5454

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 ▼
1700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : SA11AI.5737

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 ▼
1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : SA11AI.6054

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 ▼
1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.6316

Amount of Each Receipt this Period
100.00

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

Mailing Address 15705 Edenderry Dr

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011

Transaction ID : SA11AI.6573

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 ▼
2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2011

Transaction ID : SA11AI.6828

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 16 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Wendi Bray		Date of Receipt
Mailing Address 15705 Edenderry Dr		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
Austin	TX	78717
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7091
Name of Employer	Occupation	Amount of Each Receipt this Period
Harden Healthcare Services	Senior Vice President, Finance	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2200.00"/>	

Full Name (Last, First, Middle Initial) B. Wendi Bray		Date of Receipt
Mailing Address 15705 Edenderry Dr		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code
Austin	TX	78717
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7339
Name of Employer	Occupation	Amount of Each Receipt this Period
Harden Healthcare Services	Senior Vice President, Finance	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2300.00"/>	

Full Name (Last, First, Middle Initial) C. Wendi Bray		Date of Receipt
Mailing Address 15705 Edenderry Dr		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
Austin	TX	78717
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7583
Name of Employer	Occupation	Amount of Each Receipt this Period
Harden Healthcare Services	Senior Vice President, Finance	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2400.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 17 OF 197
(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. Richard W Breuss III
 Full Name (Last, First, Middle Initial)
 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 VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2011
Transaction ID : SA11AI.6715
 Amount of Each Receipt this Period
 50.00

B. Richard W Breuss III
 Full Name (Last, First, Middle Initial)
 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 VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2011
Transaction ID : SA11AI.6972
 Amount of Each Receipt this Period
 50.00

C. Richard W Breuss III
 Full Name (Last, First, Middle Initial)
 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 VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2011
Transaction ID : SA11AI.7227
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Richard W Breuss III
Full Name (Last, First, Middle Initial)

Mailing Address 6175 Colt Dr

City West Des Moines	State IA	Zip Code 50131
-------------------------	-------------	-------------------

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

Name of Employer Voyager Hospice	Occupation Regional VP
-------------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

Transaction ID : SA11AI.7477

Amount of Each Receipt this Period

600.00

50.00

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

Mailing Address 2807 S Gary Avenue

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 ▼ **670.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2011

Transaction ID : SA11AI.5117

Amount of Each Receipt this Period

600.00

60.00

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

Mailing Address 2807 S Gary Avenue

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 ▼ **730.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2011

Transaction ID : SA11AI.5191

Amount of Each Receipt this Period

600.00

60.00

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 19 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2807 S Gary Avenue

City State Zip Code
Tulsa OK 74114

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

Name of Employer Occupation
Girling Community Care Regional Manager, Oklahoma

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
790.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2011
Transaction ID : SA11AI.5281

Amount of Each Receipt this Period
60.00

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

Mailing Address 2807 S Gary Avenue

City State Zip Code
Tulsa OK 74114

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

Name of Employer Occupation
Girling Community Care Regional Manager, Oklahoma

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2011
Transaction ID : SA11AI.5441

Amount of Each Receipt this Period
60.00

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

Mailing Address 2807 S Gary Avenue

City State Zip Code
Tulsa OK 74114

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

Name of Employer Occupation
Girling Community Care Regional Manager, Oklahoma

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
910.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2011
Transaction ID : SA11AI.5712

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2807 S Gary Avenue

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 ▼ **970.00**

Date of Receipt: **09 / 28 / 2011**

Transaction ID : SA11AI.6030

Amount of Each Receipt this Period: **60.00**

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

Mailing Address 2807 S Gary Avenue

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 ▼ **1030.00**

Date of Receipt: **10 / 13 / 2011**

Transaction ID : SA11AI.6298

Amount of Each Receipt this Period: **60.00**

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

Mailing Address 2807 S Gary Avenue

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 ▼ **1090.00**

Date of Receipt: **10 / 28 / 2011**

Transaction ID : SA11AI.6556

Amount of Each Receipt this Period: **60.00**

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Timothy R Brittingham
Full Name (Last, First, Middle Initial)
Mailing Address 2807 S Gary Avenue

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 ▼
1150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11AI.6809

Amount of Each Receipt this Period
60.00

B. Timothy R Brittingham
Full Name (Last, First, Middle Initial)
Mailing Address 2807 S Gary Avenue

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 ▼
1210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2011

Transaction ID : SA11AI.7075

Amount of Each Receipt this Period
60.00

C. Timothy R Brittingham
Full Name (Last, First, Middle Initial)
Mailing Address 2807 S Gary Avenue

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 ▼
1270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2011

Transaction ID : SA11AI.7323

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Timothy R Brittingham
Full Name (Last, First, Middle Initial)
Mailing Address 2807 S Gary Avenue
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 **1330.00**

Date of Receipt: **12 / 28 / 2011**
Transaction ID : SA11AI.7567
Amount of Each Receipt this Period: **60.00**

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 Helathcare Services Occupation: Finance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt: **09 / 15 / 2011**
Transaction ID : SA11AI.5742
Amount of Each Receipt this Period: **200.00**

C. Stefanie L Cavanaugh
Full Name (Last, First, Middle Initial)
Mailing Address 12512 Deer Falls Dr
City Austin State TX Zip Code 78729
FEC ID number of contributing federal political committee. **C**
Name of Employer: Harden Helathcare Services Occupation: Finance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt: **09 / 30 / 2011**
Transaction ID : SA11AI.6059
Amount of Each Receipt this Period: **200.00**

SUBTOTAL of Receipts This Page (optional).....	460.00
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 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. 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 Helathcare Services	Occupation Finance
------------------------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.6321

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 Helathcare Services	Occupation Finance
------------------------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : SA11AI.6578

Amount of Each Receipt this Period
200.00

C. Stefanie L Cavanaugh
Full Name (Last, First, Middle Initial)
Mailing Address 12512 Deer Falls Dr

City Austin	State TX	Zip Code 78729
----------------	-------------	-------------------

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

Name of Employer Harden Helathcare Services	Occupation Finance
------------------------------------------------	-----------------------

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
11	/	15	/	2011

Transaction ID : SA11AI.6833

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Stefanie L Cavanaugh
Full Name (Last, First, Middle Initial)
Mailing Address 12512 Deer Falls Dr
City Austin State TX Zip Code 78729
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Helathcare Services Occupation Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 11 / 30 / 2011
Transaction ID : SA11AI.7096
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 Helathcare Services Occupation Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 12 / 15 / 2011
Transaction ID : SA11AI.7344
Amount of Each Receipt this Period 200.00

C. Stefanie L Cavanaugh
Full Name (Last, First, Middle Initial)
Mailing Address 12512 Deer Falls Dr
City Austin State TX Zip Code 78729
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Helathcare Services Occupation Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 30 / 2011
Transaction ID : SA11AI.7587
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Maryann M Choi
Full Name (Last, First, Middle Initial)
Mailing Address 501 S Austin Ave

City Georgetown	State TX	Zip Code 78626
--------------------	-------------	-------------------

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

Name of Employer Harden Helathcare Services	Occupation Chief Medical Officer
------------------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : SA11AI.6581

Amount of Each Receipt this Period
50.00

B. Maryann M Choi
Full Name (Last, First, Middle Initial)
Mailing Address 501 S Austin Ave

City Georgetown	State TX	Zip Code 78626
--------------------	-------------	-------------------

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

Name of Employer Harden Helathcare Services	Occupation Chief Medical Officer
------------------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : SA11AI.6836

Amount of Each Receipt this Period
50.00

C. Maryann M Choi
Full Name (Last, First, Middle Initial)
Mailing Address 501 S Austin Ave

City Georgetown	State TX	Zip Code 78626
--------------------	-------------	-------------------

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

Name of Employer Harden Helathcare Services	Occupation Chief Medical Officer
------------------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : SA11AI.7099

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Maryann M Choi		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2011
Mailing Address 501 S Austin Ave		Transaction ID : SA11AI.7347
City Georgetown	State TX	Zip Code 78626
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Harden Helathcare Services	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Maryann M Choi		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2011
Mailing Address 501 S Austin Ave		Transaction ID : SA11AI.7590
City Georgetown	State TX	Zip Code 78626
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Harden Helathcare Services	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Catherine Clark		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2011
Mailing Address 5155 Denmans Loop		Transaction ID : SA11AI.7718
City Belton	State TX	Zip Code 76513
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Rosewood	Occupation Assistant Living Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Catherine Clark		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2011 Transaction ID : SA11AI.7788
Mailing Address 5155 Denmans Loop		Amount of Each Receipt this Period 210.00
City Belton	State TX	Zip Code 76513
FEC ID number of contributing federal political committee. C	Name of Employer Rosewood	Occupation Assistant Living Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) B. Catherine Clark		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2011 Transaction ID : SA11AI.7792
Mailing Address 5155 Denmans Loop		Amount of Each Receipt this Period 150.00
City Belton	State TX	Zip Code 76513
FEC ID number of contributing federal political committee. C	Name of Employer Rosewood	Occupation Assistant Living Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

Full Name (Last, First, Middle Initial) C. Cathi Coney		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 07 / 2011 Transaction ID : SA11AI.5105
Mailing Address 7207 Nine Oaks Cove		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional).....▶	410.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

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

Mailing Address 7207 Nine Oaks Cove

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 22 / 2011

Transaction ID : SA11AI.5178

Amount of Each Receipt this Period
50.00

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

Mailing Address 7207 Nine Oaks Cove

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 08 / 2011

Transaction ID : SA11AI.5263

Amount of Each Receipt this Period
50.00

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

Mailing Address 7207 Nine Oaks Cove

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 22 / 2011

Transaction ID : SA11AI.5415

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 7207 Nine Oaks Cove

City State Zip Code
Austin TX 78759

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

Name of Employer Occupation
MBS Pharmacy Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
09 / 07 / 2011

Transaction ID : SA11AI.5587

Amount of Each Receipt this Period
50.00

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

Mailing Address 7207 Nine Oaks Cove

City State Zip Code
Austin TX 78759

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

Name of Employer Occupation
MBS Pharmacy Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 22 / 2011

Transaction ID : SA11AI.5936

Amount of Each Receipt this Period
50.00

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

Mailing Address 7207 Nine Oaks Cove

City State Zip Code
Austin TX 78759

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

Name of Employer Occupation
MBS Pharmacy Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt
10 / 07 / 2011

Transaction ID : SA11AI.6213

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 30 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 7207 Nine Oaks Cove

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2011

Transaction ID : SA11AI.6470

Amount of Each Receipt this Period
50.00

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

Mailing Address 7207 Nine Oaks Cove

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2011

Transaction ID : SA11AI.6726

Amount of Each Receipt this Period
50.00

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

Mailing Address 7207 Nine Oaks Cove

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		22		2011

Transaction ID : SA11AI.6984

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 31 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 7207 Nine Oaks Cove

City Austin State TX Zip Code 78759

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

Name of Employer MBS Pharmacy Occupation Vice President, Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 12 / 07 / 2011
Transaction ID : SA11AI.7238

Amount of Each Receipt this Period 50.00

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

Mailing Address 7207 Nine Oaks Cove

City Austin State TX Zip Code 78759

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

Name of Employer MBS Pharmacy Occupation Vice President, Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 22 / 2011
Transaction ID : SA11AI.7487

Amount of Each Receipt this Period 50.00

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

Mailing Address 533 Lavina Drive

City Bolingbrook State IL Zip Code 60440

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

Name of Employer Harden Healthcare Services Occupation Vice President, Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 07 / 15 / 2011
Transaction ID : SA11AI.5124

Amount of Each Receipt this Period 50.00

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

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

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

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

FOR LINE NUMBER: PAGE 32 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Sherrie Corso

Mailing Address 533 Lavina Drive

City Bolingbrook State IL Zip Code 60440

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

Name of Employer Harden Healthcare Services Occupation Vice President, Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **07 / 29 / 2011**

Transaction ID : SA11AI.5200

Amount of Each Receipt this Period **50.00**

Full Name (Last, First, Middle Initial)
B. Sherrie Corso

Mailing Address 533 Lavina Drive

City Bolingbrook State IL Zip Code 60440

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

Name of Employer Harden Healthcare Services Occupation Vice President, Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **08 / 15 / 2011**

Transaction ID : SA11AI.5307

Amount of Each Receipt this Period **50.00**

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

Mailing Address 533 Lavina Drive

City Bolingbrook State IL Zip Code 60440

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

Name of Employer Harden Healthcare Services Occupation Vice President, Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **08 / 31 / 2011**

Transaction ID : SA11AI.5469

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 33 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sherrie Corso
Full Name (Last, First, Middle Initial)
Mailing Address 533 Lavina Drive

City Bolingbrook	State IL	Zip Code 60440
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : SA11AI.5751

Amount of Each Receipt this Period

50.00

B. Sherrie Corso
Full Name (Last, First, Middle Initial)
Mailing Address 533 Lavina Drive

City Bolingbrook	State IL	Zip Code 60440
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.6067

Amount of Each Receipt this Period

50.00

C. Sherrie Corso
Full Name (Last, First, Middle Initial)
Mailing Address 533 Lavina Drive

City Bolingbrook	State IL	Zip Code 60440
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.6329

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 34 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sherrie Corso
Full Name (Last, First, Middle Initial)
Mailing Address 533 Lavina Drive

City Bolingbrook	State IL	Zip Code 60440
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : SA11AI.6586

Amount of Each Receipt this Period
50.00

B. Sherrie Corso
Full Name (Last, First, Middle Initial)
Mailing Address 533 Lavina Drive

City Bolingbrook	State IL	Zip Code 60440
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : SA11AI.6841

Amount of Each Receipt this Period
50.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11AI.5125

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....	130.00
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 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Gloria R Crawford
 Full Name (Last, First, Middle Initial)
 Mailing Address 6013 Forest Shadow
 City San Antonio State TX Zip Code 78240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Girling Community Care Regional Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2011
Transaction ID : SA11AI.5201
 Amount of Each Receipt this Period
 30.00

B. Gloria R Crawford
 Full Name (Last, First, Middle Initial)
 Mailing Address 6013 Forest Shadow
 City San Antonio State TX Zip Code 78240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Girling Community Care Regional Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2011
Transaction ID : SA11AI.5308
 Amount of Each Receipt this Period
 30.00

C. Gloria R Crawford
 Full Name (Last, First, Middle Initial)
 Mailing Address 6013 Forest Shadow
 City San Antonio State TX Zip Code 78240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Girling Community Care Regional Director
 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
 08 / 31 / 2011
Transaction ID : SA11AI.5472
 Amount of Each Receipt this Period
 30.00

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: (check only one)	PAGE 36 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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 ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : SA11AI.5753

Amount of Each Receipt this Period
30.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.6069

Amount of Each Receipt this Period
30.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.6330

Amount of Each Receipt this Period
30.00

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: (check only one)	PAGE 37 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6013 Forest Shadow

City San Antonio State TX Zip Code 78240

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

Name of Employer: Girling Community Care Occupation: Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **10 / 31 / 2011**

Transaction ID : SA11AI.6587

Amount of Each Receipt this Period: **30.00**

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

Mailing Address 6013 Forest Shadow

City San Antonio State TX Zip Code 78240

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

Name of Employer: Girling Community Care Occupation: Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt: **11 / 15 / 2011**

Transaction ID : SA11AI.6842

Amount of Each Receipt this Period: **30.00**

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

Mailing Address 6013 Forest Shadow

City San Antonio State TX Zip Code 78240

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

Name of Employer: Girling Community Care Occupation: Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt: **11 / 30 / 2011**

Transaction ID : SA11AI.7104

Amount of Each Receipt this Period: **30.00**

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: (check only one)	PAGE 38 OF 197
	<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

A. Gloria R Crawford
 Full Name (Last, First, Middle Initial)
 Mailing Address 6013 Forest Shadow
 City San Antonio State TX Zip Code 78240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Girling Community Care Occupation: Regional Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **690.00**

Date of Receipt: 12 / 15 / 2011
Transaction ID : SA11AI.7352
 Amount of Each Receipt this Period: 30.00

B. Gloria R Crawford
 Full Name (Last, First, Middle Initial)
 Mailing Address 6013 Forest Shadow
 City San Antonio State TX Zip Code 78240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Girling Community Care Occupation: Regional Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **720.00**

Date of Receipt: 12 / 30 / 2011
Transaction ID : SA11AI.7595
 Amount of Each Receipt this Period: 30.00

C. Mark Culver
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 Pin Oak Dr
 City Terrell State TX Zip Code 75161
 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 **300.00**

Date of Receipt: 12 / 30 / 2011
Transaction ID : SA11AI.7805
 Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional)..... **360.00**
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 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11AI.5126

Amount of Each Receipt this Period

50.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2011

Transaction ID : SA11AI.5202

Amount of Each Receipt this Period

50.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2011

Transaction ID : SA11AI.5309

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 40 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Lisa Lynn Cupps

Mailing Address 2450 CR 253

City Comanche State TX Zip Code 76442

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt: **08 / 31 / 2011**

Transaction ID : **SA11AI.5473**

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

Full Name (Last, First, Middle Initial)
B. Lisa Lynn Cupps

Mailing Address 2450 CR 253

City Comanche State TX Zip Code 76442

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt: **09 / 15 / 2011**

Transaction ID : **SA11AI.5756**

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

Full Name (Last, First, Middle Initial)
C. Lisa Lynn Cupps

Mailing Address 2450 CR 253

City Comanche State TX Zip Code 76442

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt: **09 / 30 / 2011**

Transaction ID : **SA11AI.6071**

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 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.6332

Amount of Each Receipt this Period
50.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : SA11AI.6589

Amount of Each Receipt this Period
50.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : SA11AI.6844

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 42 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Lisa Lynn Cupps
 Full Name (Last, First, Middle Initial)
 Mailing Address 2450 CR 253
 City Comanche State TX Zip Code 76442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Girling Community Care Regional Director, West Texas
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : SA11AI.7106
 Amount of Each Receipt this Period
 50.00

B. Lisa Lynn Cupps
 Full Name (Last, First, Middle Initial)
 Mailing Address 2450 CR 253
 City Comanche State TX Zip Code 76442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Girling Community Care Regional Director, West Texas
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : SA11AI.7354
 Amount of Each Receipt this Period
 50.00

C. Lisa Lynn Cupps
 Full Name (Last, First, Middle Initial)
 Mailing Address 2450 CR 253
 City Comanche State TX Zip Code 76442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Girling Community Care Regional Director, West Texas
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : SA11AI.7597
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. James N Davidson
Full Name (Last, First, Middle Initial)

Mailing Address 820 Longleaf St

City Vidor State TX Zip Code 77662

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 ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.7731

Amount of Each Receipt this Period
800.00

B. Wendy L Day
Full Name (Last, First, Middle Initial)

Mailing Address 4809 Sinclair Ave

City Austin State TX Zip Code 78756

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

Name of Employer TRISUN Healthcare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2011

Transaction ID : SA11AI.6988

Amount of Each Receipt this Period
50.00

C. Wendy L Day
Full Name (Last, First, Middle Initial)

Mailing Address 4809 Sinclair Ave

City Austin State TX Zip Code 78756

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

Name of Employer TRISUN Healthcare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2011

Transaction ID : SA11AI.7242

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Wendy L Day
Full Name (Last, First, Middle Initial)

Mailing Address 4809 Sinclair Ave

City Austin State TX Zip Code 78756

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

Name of Employer TRISUN Healthcare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2011

Transaction ID : SA11AI.7491

Amount of Each Receipt this Period
 50.00

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

Mailing Address 4701 Circle Oak Cove

City Austin State TX Zip Code 78749

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

Name of Employer Girling Community Care Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11AI.5128

Amount of Each Receipt this Period
 100.00

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

Mailing Address 4701 Circle Oak Cove

City Austin State TX Zip Code 78749

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

Name of Employer Girling Community Care Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2011

Transaction ID : SA11AI.5204

Amount of Each Receipt this Period
 100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2011

Transaction ID : SA11AI.5318

Amount of Each Receipt this Period
100.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2011

Transaction ID : SA11AI.5477

Amount of Each Receipt this Period
100.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : SA11AI.5761

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4701 Circle Oak Cove

City Austin State TX Zip Code 78749

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

Name of Employer: Girling Community Care Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt: 09 / 30 / 2011
Transaction ID : SA11AI.6075

Amount of Each Receipt this Period: 100.00

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

Mailing Address 4701 Circle Oak Cove

City Austin State TX Zip Code 78749

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

Name of Employer: Girling Community Care Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1900.00

Date of Receipt: 10 / 14 / 2011
Transaction ID : SA11AI.6336

Amount of Each Receipt this Period: 100.00

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

Mailing Address 4701 Circle Oak Cove

City Austin State TX Zip Code 78749

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

Name of Employer: Girling Community Care Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 10 / 31 / 2011
Transaction ID : SA11AI.6593

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 47 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James Wayne Douglas
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 Circle Oak Cove
 City Austin State TX Zip Code 78749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Girling Community Care Occupation: President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: 11 / 15 / 2011
Transaction ID : SA11AI.6849
 Amount of Each Receipt this Period: 100.00

B. James Wayne Douglas
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 Circle Oak Cove
 City Austin State TX Zip Code 78749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Girling Community Care Occupation: President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt: 11 / 30 / 2011
Transaction ID : SA11AI.7110
 Amount of Each Receipt this Period: 100.00

C. James Wayne Douglas
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 Circle Oak Cove
 City Austin State TX Zip Code 78749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Girling Community Care Occupation: President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt: 12 / 15 / 2011
Transaction ID : SA11AI.7358
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. James Wayne Douglas		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2011 Transaction ID : SA11AI.7600
Mailing Address 4701 Circle Oak Cove		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 Girling Community Care	Occupation President
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) B. Mark Duncan		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2011 Transaction ID : SA11AI.5129
Mailing Address 799 W Bartlett		Amount of Each Receipt this Period 75.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	

Full Name (Last, First, Middle Initial) C. Mark Duncan		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 29 / 2011 Transaction ID : SA11AI.5205
Mailing Address 799 W Bartlett		Amount of Each Receipt this Period 75.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

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 49 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 799 W Bartlett

City Buda	State TX	Zip Code 78610
--------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2011

Transaction ID : SA11AI.5321

Amount of Each Receipt this Period
75.00

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

Mailing Address 799 W Bartlett

City Buda	State TX	Zip Code 78610
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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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2011

Transaction ID : SA11AI.5479

Amount of Each Receipt this Period
75.00

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

Mailing Address 799 W Bartlett

City Buda	State TX	Zip Code 78610
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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 ▼
1275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : SA11AI.5763

Amount of Each Receipt this Period
75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mark Duncan
Full Name (Last, First, Middle Initial)
Mailing Address 799 W Bartlett

City Buda	State TX	Zip Code 78610
--------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.6077

Amount of Each Receipt this Period
75.00

B. Mark Duncan
Full Name (Last, First, Middle Initial)
Mailing Address 799 W Bartlett

City Buda	State TX	Zip Code 78610
--------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.6338

Amount of Each Receipt this Period
75.00

C. Mark Duncan
Full Name (Last, First, Middle Initial)
Mailing Address 799 W Bartlett

City Buda	State TX	Zip Code 78610
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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 ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : SA11AI.6595

Amount of Each Receipt this Period
75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mark Duncan		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011 Transaction ID : SA11AI.6851
Mailing Address 799 W Bartlett		Amount of Each Receipt this Period 75.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1575.00	

Full Name (Last, First, Middle Initial) B. Mark Duncan		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011 Transaction ID : SA11AI.7799
Mailing Address 799 W Bartlett		Amount of Each Receipt this Period 383.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1958.00	

Full Name (Last, First, Middle Initial) C. Mark Duncan		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : SA11AI.7112
Mailing Address 799 W Bartlett		Amount of Each Receipt this Period 75.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2033.00	

SUBTOTAL of Receipts This Page (optional).....▶	533.00
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 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 799 W Bartlett

City Buda	State TX	Zip Code 78610
--------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2108.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : SA11AI.7360

Amount of Each Receipt this Period
75.00

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

Mailing Address 799 W Bartlett

City Buda	State TX	Zip Code 78610
--------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2183.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

Transaction ID : SA11AI.7602

Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
C. Dianne B Edwards

Mailing Address 6600 Lands End

City Fort Worth	State TX	Zip Code 76116
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FEC ID number of contributing federal political committee. **C**

Name of Employer TRISUN Healthcare	Occupation Nurse Consultant
---------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

Transaction ID : SA11AI.7604

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 824 Stonewall Ridge

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11AI.5132

Amount of Each Receipt this Period
100.00

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

Mailing Address 824 Stonewall Ridge

City Austin	State TX	Zip Code 78746
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2011

Transaction ID : SA11AI.5207

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : SA11AI.5325

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 ▼
1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2011
Transaction ID : SA11AI.5484

Amount of Each Receipt this Period
100.00

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

Mailing Address 824 Stonewall Ridge

City Austin	State TX	Zip Code 78746
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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 ▼
1700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : SA11AI.5769

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 ▼
1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : SA11AI.6082

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 55 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 824 Stonewall Ridge

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.6343

Amount of Each Receipt this Period
100.00

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

Mailing Address 824 Stonewall Ridge

City Austin	State TX	Zip Code 78746
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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 ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : SA11AI.6600

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 ▼
2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : SA11AI.6856

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 824 Stonewall Ridge

City Austin State TX Zip Code 78746

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

Name of Employer Harden Healthcare Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011

Transaction ID : SA11AI.7117

Amount of Each Receipt this Period
 100.00

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

Mailing Address 824 Stonewall Ridge

City Austin State TX Zip Code 78746

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

Name of Employer Harden Healthcare Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011

Transaction ID : SA11AI.7365

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 ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011

Transaction ID : SA11AI.7607

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 57 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Bradford W Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 E Red Bridge
 City Kansas City State MO Zip Code 67131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospice Care of Kansas Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2011
Transaction ID : SA11AI.6734
 Amount of Each Receipt this Period
 50.00

B. Bradford W Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 E Red Bridge
 City Kansas City State MO Zip Code 67131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospice Care of Kansas Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2011
Transaction ID : SA11AI.6992
 Amount of Each Receipt this Period
 50.00

C. Bradford W Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 E Red Bridge
 City Kansas City State MO Zip Code 67131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospice Care of Kansas Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2011
Transaction ID : SA11AI.7246
 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 58 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 400 E Red Bridge

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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2011

Transaction ID : SA11AI.7495

Amount of Each Receipt this Period
 50.00

B. Benjamin Fells
Full Name (Last, First, Middle Initial)

Mailing Address 12042 Bitter Hollow Dr

City Austin State TX Zip Code 78758

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

Name of Employer TRISUN Healthcare Occupation Gracy Woods/Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011

Transaction ID : SA11AI.7737

Amount of Each Receipt this Period
 500.00

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

Mailing Address P O Box 190

City Florence State TX Zip Code 76527

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

Name of Employer Girling Home Health Occupation Vice President, Rehab

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11AI.5133

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 197
	<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

A. Tricia Fox
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 190

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2011

Transaction ID : SA11AI.5208

Amount of Each Receipt this Period
50.00

B. Tricia Fox
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 190

City Florence	State TX	Zip Code 76527
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2011

Transaction ID : SA11AI.5330

Amount of Each Receipt this Period
50.00

C. Tricia Fox
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 190

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2011

Transaction ID : SA11AI.5489

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 60 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address P O Box 190

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : SA11AI.5775

Amount of Each Receipt this Period

50.00

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

Mailing Address P O Box 190

City Florence	State TX	Zip Code 76527
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.6089

Amount of Each Receipt this Period

50.00

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

Mailing Address P O Box 190

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.6349

Amount of Each Receipt this Period

50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 197
	<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. Tricia Fox

Mailing Address P O Box 190

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : SA11AI.6606

Amount of Each Receipt this Period
50.00

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

Mailing Address P O Box 190

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2011
Transaction ID : SA11AI.6862

Amount of Each Receipt this Period
50.00

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

Mailing Address P O Box 190

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : SA11AI.7123

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 62 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address P O Box 190

City Florence State TX Zip Code 76527

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

Name of Employer Occupation
Girling Home Health Vice President, Rehab

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt
12 / 15 / 2011
Transaction ID : SA11Al.7371

Amount of Each Receipt this Period
50.00

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

Mailing Address P O Box 190

City Florence State TX Zip Code 76527

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

Name of Employer Occupation
Girling Home Health Vice President, Rehab

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
12 / 30 / 2011
Transaction ID : SA11Al.7613

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. James W Gilliam

Mailing Address 1200 Baylor St #103

City Austin State TX Zip Code 78703

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

Name of Employer Occupation
Harden Healthcare President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 30 / 2011
Transaction ID : SA11Al.6090

Amount of Each Receipt this Period
100.00

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 63 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James W Gilliam
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Baylor St #103

City Austin State TX Zip Code 78703

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

Name of Employer Harden Healthcare Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.6350

Amount of Each Receipt this Period
 100.00

B. James W Gilliam
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Baylor St #103

City Austin State TX Zip Code 78703

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

Name of Employer Harden Healthcare Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011

Transaction ID : SA11AI.6607

Amount of Each Receipt this Period
 100.00

C. James W Gilliam
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Baylor St #103

City Austin State TX Zip Code 78703

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

Name of Employer Harden Healthcare Occupation President

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 / 15 / 2011

Transaction ID : SA11AI.6863

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James W Gilliam
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Baylor St #103

City Austin State TX Zip Code 78703

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

Name of Employer Harden Healthcare Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
11 / 30 / 2011

Transaction ID : SA11AI.7124

Amount of Each Receipt this Period
100.00

B. James W Gilliam
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Baylor St #103

City Austin State TX Zip Code 78703

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

Name of Employer Harden Healthcare Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
12 / 15 / 2011

Transaction ID : SA11AI.7372

Amount of Each Receipt this Period
100.00

C. James W Gilliam
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Baylor St #103

City Austin State TX Zip Code 78703

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

Name of Employer Harden Healthcare Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
12 / 30 / 2011

Transaction ID : SA11AI.7614

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Brittany Golden		Date of Receipt
Mailing Address 325 SW CR 3140		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City Purdon State TX Zip Code 76679		Transaction ID : SA11Al.7757
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer TRISUN Healthcare	Occupation Healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. Brittany Golden		Date of Receipt
Mailing Address 325 SW CR 3140		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City Purdon State TX Zip Code 76679		Transaction ID : SA11Al.7759
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer TRISUN Healthcare	Occupation Healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	

Full Name (Last, First, Middle Initial) C. Lori Don McNamee Gregory		Date of Receipt
Mailing Address 555 E 5th St #2819		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City Austin State TX Zip Code 78703		Transaction ID : SA11Al.7618
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Harden Healthcare Services	Occupation Chief Compliance Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="825.00"/>
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 66 OF 197
	<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. Olga Guerra

Mailing Address 2201 North 25 and 1/2 Street

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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 ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : SA11AI.7378

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
B. Olga Guerra

Mailing Address 2201 North 25 and 1/2 Street

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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 ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

Transaction ID : SA11AI.7620

Amount of Each Receipt this Period

25.00

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

Mailing Address 2211 Sunny Slope Drive

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

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

Name of Employer Harden Healthcare	Occupation Sr Vice President & General Counsel
---------------------------------------	---------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **975.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11AI.5134

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Benjamin Hanson		Date of Receipt MM / DD / YYYY 07 / 29 / 2011 Transaction ID : SA11AI.5209
Mailing Address 2211 Sunny Slope Drive		Amount of Each Receipt this Period 75.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00

Full Name (Last, First, Middle Initial) B. Benjamin Hanson		Date of Receipt MM / DD / YYYY 08 / 15 / 2011 Transaction ID : SA11AI.5335
Mailing Address 2211 Sunny Slope Drive		Amount of Each Receipt this Period 75.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00

Full Name (Last, First, Middle Initial) C. Benjamin Hanson		Date of Receipt MM / DD / YYYY 08 / 31 / 2011 Transaction ID : SA11AI.5496
Mailing Address 2211 Sunny Slope Drive		Amount of Each Receipt this Period 75.00
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: <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).....▶	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 68 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

Name of Employer Harden Healthcare	Occupation Sr Vice President & General Counsel
---------------------------------------	---------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : SA11AI.5792

Amount of Each Receipt this Period
200.00

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

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

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

Name of Employer Harden Healthcare	Occupation Sr Vice President & General Counsel
---------------------------------------	---------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.6100

Amount of Each Receipt this Period
200.00

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

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

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

Name of Employer Harden Healthcare	Occupation Sr Vice President & General Counsel
---------------------------------------	---------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.6360

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 197
<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. Benjamin Hanson
Full Name (Last, First, Middle Initial)
Mailing Address 2211 Sunny Slope Drive

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

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

Name of Employer Harden Healthcare	Occupation Sr Vice President & General Counsel
---------------------------------------	---------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : SA11AI.6617

Amount of Each Receipt this Period
200.00

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

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

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

Name of Employer Harden Healthcare	Occupation Sr Vice President & General Counsel
---------------------------------------	---------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : SA11AI.6872

Amount of Each Receipt this Period
200.00

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

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

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

Name of Employer Harden Healthcare	Occupation Sr Vice President & General Counsel
---------------------------------------	---------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : SA11AI.7133

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial) A. Benjamin Hanson		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2011
Mailing Address 2211 Sunny Slope Drive		Transaction ID : SA11AI.7381
City Austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 200.00
Name of Employer Harden Healthcare	Occupation Sr Vice President & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) B. Benjamin Hanson		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2011
Mailing Address 2211 Sunny Slope Drive		Transaction ID : SA11AI.7623
City Austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 200.00
Name of Employer Harden Healthcare	Occupation Sr Vice President & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	

Full Name (Last, First, Middle Initial) C. Eric J Hansum		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 15 / 2011
Mailing Address 3005 Chantelaine Dr		Transaction ID : SA11AI.5793
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer Harden Healthcare	Occupation Legal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 71 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3005 Chantelaine 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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.6101

Amount of Each Receipt this Period

50.00

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

Mailing Address 3005 Chantelaine 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 ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.6361

Amount of Each Receipt this Period

50.00

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

Mailing Address 3005 Chantelaine 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 ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : SA11AI.6618

Amount of Each Receipt this Period

50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Eric J Hansum
Full Name (Last, First, Middle Initial)
Mailing Address 3005 Chantelaine 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 ▼ 450.00

Date of Receipt 11 / 15 / 2011
Transaction ID : SA11AI.6873
Amount of Each Receipt this Period 50.00

B. Eric J Hansum
Full Name (Last, First, Middle Initial)
Mailing Address 3005 Chantelaine 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 ▼ 500.00

Date of Receipt 11 / 30 / 2011
Transaction ID : SA11AI.7134
Amount of Each Receipt this Period 50.00

C. Eric J Hansum
Full Name (Last, First, Middle Initial)
Mailing Address 3005 Chantelaine 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 ▼ 550.00

Date of Receipt 12 / 15 / 2011
Transaction ID : SA11AI.7382
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 73 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3005 Chantelaine 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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : SA11AI.7624

Amount of Each Receipt this Period
50.00

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

Mailing Address 5925 West Lake Drive

City Sandia State TX Zip Code 78383

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

Name of Employer TRISUN Healthcare Occupation Chief Operations Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.5137

Amount of Each Receipt this Period
100.00

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

Mailing Address 5925 West Lake Drive

City Sandia State TX Zip Code 78383

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

Name of Employer TRISUN Healthcare Occupation Chief Operations Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2011

Transaction ID : SA11AI.5211

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5925 West Lake Drive

City Sandia State TX Zip Code 78383

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

Name of Employer TRISUN Healthcare Occupation Chief Operations Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 15 / 2011
Transaction ID : SA11AI.5337

Amount of Each Receipt this Period 100.00

B. Dana Marie Hasley
Full Name (Last, First, Middle Initial)

Mailing Address 11855 N 207 E Avenue

City Claremore State OK Zip Code 74019

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 ▼ 650.00

Date of Receipt 07 / 13 / 2011
Transaction ID : SA11AI.5118

Amount of Each Receipt this Period 50.00

C. Dana Marie Hasley
Full Name (Last, First, Middle Initial)

Mailing Address 11855 N 207 E Avenue

City Claremore State OK Zip Code 74019

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 ▼ 700.00

Date of Receipt 07 / 28 / 2011
Transaction ID : SA11AI.5194

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 75 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Dana Marie Hasley
Full Name (Last, First, Middle Initial)

Mailing Address 11855 N 207 E Avenue

City Claremore	State OK	Zip Code 74019
-------------------	-------------	-------------------

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 ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2011

Transaction ID : SA11AI.5283

Amount of Each Receipt this Period

50.00

B. Dana Marie Hasley
Full Name (Last, First, Middle Initial)

Mailing Address 11855 N 207 E Avenue

City Claremore	State OK	Zip Code 74019
-------------------	-------------	-------------------

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 ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2011

Transaction ID : SA11AI.5443

Amount of Each Receipt this Period

50.00

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

Mailing Address 6112 Jumano Lane

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

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

Name of Employer TRISUN Healthcare	Occupation Vice President, Professional Services
---------------------------------------	-----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11AI.5138

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 76 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 6112 Jumano Lane

City Austin State TX Zip Code 78749

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

Name of Employer TRISUN Healthcare Occupation Vice President, Professional Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2011

Transaction ID : SA11AI.5212

Amount of Each Receipt this Period
50.00

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

Mailing Address 6112 Jumano Lane

City Austin State TX Zip Code 78749

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

Name of Employer TRISUN Healthcare Occupation Vice President, Professional Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2011

Transaction ID : SA11AI.5338

Amount of Each Receipt this Period
50.00

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

Mailing Address 6112 Jumano Lane

City Austin State TX Zip Code 78749

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

Name of Employer TRISUN Healthcare Occupation Vice President, Professional Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2011

Transaction ID : SA11AI.5498

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 77 OF 197
	<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

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

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

Mailing Address 6112 Jumano Lane

City Austin State TX Zip Code 78749

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

Name of Employer TRISUN Healthcare Occupation Vice President, Professional Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : SA11AI.5796

Amount of Each Receipt this Period
50.00

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

Mailing Address 6112 Jumano Lane

City Austin State TX Zip Code 78749

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

Name of Employer TRISUN Healthcare Occupation Vice President, Professional Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.6103

Amount of Each Receipt this Period
50.00

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

Mailing Address 6112 Jumano Lane

City Austin State TX Zip Code 78749

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

Name of Employer TRISUN Healthcare Occupation Vice President, Professional Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.6363

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 78 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robin J Hayes		Date of Receipt
Mailing Address 6112 Jumano Lane		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
Austin	TX	78749
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6620
Name of Employer	Occupation	Amount of Each Receipt this Period
TRISUN Healthcare	Vice President, Professional Services	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Robin J Hayes		Date of Receipt
Mailing Address 6112 Jumano Lane		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code
Austin	TX	78749
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6875
Name of Employer	Occupation	Amount of Each Receipt this Period
TRISUN Healthcare	Vice President, Professional Services	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1050.00"/>	

Full Name (Last, First, Middle Initial) C. Robin J Hayes		Date of Receipt
Mailing Address 6112 Jumano Lane		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
Austin	TX	78749
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7136
Name of Employer	Occupation	Amount of Each Receipt this Period
TRISUN Healthcare	Vice President, Professional Services	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
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 79 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6112 Jumano Lane

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

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

Name of Employer TRISUN Healthcare	Occupation Vice President, Professional Services
---------------------------------------	-----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : SA11AI.7384

Amount of Each Receipt this Period
50.00

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

Mailing Address 6112 Jumano Lane

City Austin	State TX	Zip Code 78749
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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

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

Transaction ID : SA11AI.7626

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

Name of Employer Harden Healthcare Services	Occupation Regional HR Manager
------------------------------------------------	-----------------------------------

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	/	15	/	2011

Transaction ID : SA11AI.6878

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 80 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 HR Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2011
Transaction ID : SA11AI.7139

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 HR Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 15 / 2011
Transaction ID : SA11AI.7387

Amount of Each Receipt this Period 10.00

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 HR Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 30 / 2011
Transaction ID : SA11AI.7629

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 81 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Chelsea M Holden
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Dunning Lane

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 ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11AI.5141

Amount of Each Receipt this Period
20.00

B. Chelsea M Holden
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Dunning Lane

City Austin	State TX	Zip Code 78746
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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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2011

Transaction ID : SA11AI.5215

Amount of Each Receipt this Period
20.00

C. Chelsea M Holden
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Dunning Lane

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 ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2011

Transaction ID : SA11AI.5345

Amount of Each Receipt this Period
20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Chelsea M Holden
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Dunning Lane

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 ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2011

Transaction ID : SA11AI.5503

Amount of Each Receipt this Period

20.00

B. Chelsea M Holden
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Dunning Lane

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 ▼ **305.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : SA11AI.5801

Amount of Each Receipt this Period

25.00

C. Chelsea M Holden
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Dunning Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.6108

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 83 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Chelsea M Holden
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Dunning Lane

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 ▼ **355.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.6368

Amount of Each Receipt this Period

25.00

B. Chelsea M Holden
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Dunning Lane

City Austin	State TX	Zip Code 78746
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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 ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : SA11AI.6625

Amount of Each Receipt this Period

25.00

C. Chelsea M Holden
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Dunning Lane

City Austin	State TX	Zip Code 78746
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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 ▼ **405.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : SA11AI.6880

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Chelsea M Holden
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Dunning Lane

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 ▼ **430.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : SA11Al.7141

Amount of Each Receipt this Period

25.00

B. Chelsea M Holden
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Dunning Lane

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 ▼ **455.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : SA11Al.7389

Amount of Each Receipt this Period

25.00

C. Chelsea M Holden
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Dunning Lane

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 ▼ **480.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

Transaction ID : SA11Al.7631

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 85 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 Occupation
 Girling Home Health Vice President, Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.5145
 Amount of Each Receipt this Period
 50.00

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 Occupation
 Girling Home Health Vice President, Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2011
Transaction ID : SA11AI.5217
 Amount of Each Receipt this Period
 50.00

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 Occupation
 Girling Home Health Vice President, Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2011
Transaction ID : SA11AI.5347
 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 86 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Kelly Ann Jalowiec		Date of Receipt MM / DD / YYYY 08 / 31 / 2011 Transaction ID : SA11AI.5505
Mailing Address 1410 W Fillmore St		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Kelly Ann Jalowiec		Date of Receipt MM / DD / YYYY 09 / 15 / 2011 Transaction ID : SA11AI.5811
Mailing Address 1410 W Fillmore St		Amount of Each Receipt this Period 75.00
City Chicago	State IL	Zip Code 60607
FEC ID number of contributing federal political committee. C		
Name of Employer Girling Home Health	Occupation Vice President, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

Full Name (Last, First, Middle Initial) C. Kelly Ann Jalowiec		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 Transaction ID : SA11AI.6114
Mailing Address 1410 W Fillmore St		Amount of Each Receipt this Period 75.00
City Chicago	State IL	Zip Code 60607
FEC ID number of contributing federal political committee. C		
Name of Employer Girling Home Health	Occupation Vice President, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

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 87 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Kelly Ann Jalowiec			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 14 / 2011
Mailing Address 1410 W Fillmore St			Transaction ID : SA11AI.6374
City Chicago	State IL	Zip Code 60607	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer Girling Home Health	Occupation Vice President, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1025.00		

Full Name (Last, First, Middle Initial) B. Kelly Ann Jalowiec			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 1410 W Fillmore St			Transaction ID : SA11AI.6633
City Chicago	State IL	Zip Code 60607	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer Girling Home Health	Occupation Vice President, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) C. Kelly Ann Jalowiec			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011
Mailing Address 1410 W Fillmore St			Transaction ID : SA11AI.6887
City Chicago	State IL	Zip Code 60607	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer Girling Home Health	Occupation Vice President, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1175.00		

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 88 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 **1250.00**

Date of Receipt: 11 / 30 / 2011
Transaction ID : SA11AI.7148
 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 **1325.00**

Date of Receipt: 12 / 15 / 2011
Transaction ID : SA11AI.7396
 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 **1400.00**

Date of Receipt: 12 / 30 / 2011
Transaction ID : SA11AI.7638
 Amount of Each Receipt this Period: **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Lakishia Lanette Jawdjee
 Full Name (Last, First, Middle Initial)
 Mailing Address 5735 Tioger Lilly Way
 City Houston State TX Zip Code 77085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Girling Community Care Occupation: Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 12 / 15 / 2011
Transaction ID : SA11AI.7397
 Amount of Each Receipt this Period: 25.00

B. Lakishia Lanette Jawdjee
 Full Name (Last, First, Middle Initial)
 Mailing Address 5735 Tioger Lilly Way
 City Houston State TX Zip Code 77085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Girling Community Care Occupation: Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 30 / 2011
Transaction ID : SA11AI.7639
 Amount of Each Receipt this Period: 25.00

C. Tammy Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2869 Pilgrim Ln
 City Lorena State TX Zip Code 76655
 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 ▼ 535.00

Date of Receipt: 12 / 20 / 2011
Transaction ID : SA11AI.7802
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Tammy Johnson

Mailing Address 2869 Pilgrim Ln

City Lorena State TX Zip Code 76655

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 ▼ **540.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2011

Transaction ID : SA11AI.7510

Amount of Each Receipt this Period
5.00

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

Mailing Address 11512 Ballentine St

City Overland Park State KS Zip Code 66210

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

Name of Employer Hospice Care of Kansas Occupation Regional VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2011

Transaction ID : SA11AI.6751

Amount of Each Receipt this Period
50.00

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

Mailing Address 11512 Ballentine St

City Overland Park State KS Zip Code 66210

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

Name of Employer Hospice Care of Kansas Occupation Regional VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2011

Transaction ID : SA11AI.7013

Amount of Each Receipt this Period
50.00

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 91 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 11512 Ballentine St

City Overland Park	State KS	Zip Code 66210
-----------------------	-------------	-------------------

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

Name of Employer Hospice Care of Kansas	Occupation Regional VP
--------------------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

Transaction ID : SA11AI.7268

Amount of Each Receipt this Period

50.00

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

Mailing Address 11512 Ballentine St

City Overland Park	State KS	Zip Code 66210
-----------------------	-------------	-------------------

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

Name of Employer Hospice Care of Kansas	Occupation Regional VP
--------------------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

Transaction ID : SA11AI.7514

Amount of Each Receipt this Period

50.00

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

Mailing Address 285 E Summit Dr

City Wimberley	State TX	Zip Code 78676
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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 ▼ **1500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11AI.5151

Amount of Each Receipt this Period

125.00

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 92 OF 197
(check only one)

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

Full Name (Last, First, Middle Initial)
A. 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 ▼
1625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2011

Transaction ID : SA11AI.5221

Amount of Each Receipt this Period
125.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2011

Transaction ID : SA11AI.5355

Amount of Each Receipt this Period
125.00

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 ▼
1875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2011

Transaction ID : SA11AI.5511

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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 93 OF 197
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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 **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : SA11AI.5819
 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 **2125.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : SA11AI.6121
 Amount of Each Receipt this Period
125.00

C. 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 **2250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.6381
 Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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 94 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼
2375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : SA11AI.6640

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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : SA11AI.6894

Amount of Each Receipt this Period
125.00

C. 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 ▼
2625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : SA11AI.7156

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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 95 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. 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 ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011

Transaction ID : SA11AI.7404

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 ▼
2875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011

Transaction ID : SA11AI.7645

Amount of Each Receipt this Period
125.00

C. Jay J Koeper
Full Name (Last, First, Middle Initial)

Mailing Address 3216 E Gary Way

City Pheonix	State AZ	Zip Code 85042
-----------------	-------------	-------------------

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

Name of Employer Voyager Hospice	Occupation COO
-------------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2011

Transaction ID : SA11AI.6754

Amount of Each Receipt this Period
50.00

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 96 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jay J Koeper
Full Name (Last, First, Middle Initial)

Mailing Address 3216 E Gary Way

City Pheonix	State AZ	Zip Code 85042
-----------------	-------------	-------------------

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

Name of Employer Voyager Hospice	Occupation COO
-------------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2011

Transaction ID : SA11AI.7015

Amount of Each Receipt this Period

50.00

B. Jay J Koeper
Full Name (Last, First, Middle Initial)

Mailing Address 3216 E Gary Way

City Pheonix	State AZ	Zip Code 85042
-----------------	-------------	-------------------

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

Name of Employer Voyager Hospice	Occupation COO
-------------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

Transaction ID : SA11AI.7270

Amount of Each Receipt this Period

50.00

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

Mailing Address 9513 Prescott Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11AI.5154

Amount of Each Receipt this Period

100.00

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 97 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 9513 Prescott Drive

City Austin State TX Zip Code 78748

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

Name of Employer Harden Healthcare Occupation President, Leadership Development Inst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2011

Transaction ID : SA11AI.5225

Amount of Each Receipt this Period
 100.00

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

Mailing Address 9513 Prescott Drive

City Austin State TX Zip Code 78748

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

Name of Employer Harden Healthcare Occupation President, Leadership Development Inst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : SA11AI.5362

Amount of Each Receipt this Period
 100.00

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

Mailing Address 9513 Prescott Drive

City Austin State TX Zip Code 78748

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

Name of Employer Harden Healthcare Occupation President, Leadership Development Inst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2011

Transaction ID : SA11AI.5516

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 98 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 9513 Prescott Drive

City Austin State TX Zip Code 78748

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

Name of Employer Harden Healthcare Occupation President, Leadership Development Inst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : SA11AI.5828

Amount of Each Receipt this Period
100.00

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

Mailing Address 9513 Prescott Drive

City Austin State TX Zip Code 78748

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

Name of Employer Harden Healthcare Occupation President, Leadership Development Inst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.6128

Amount of Each Receipt this Period
100.00

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

Mailing Address 9513 Prescott Drive

City Austin State TX Zip Code 78748

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

Name of Employer Harden Healthcare Occupation President, Leadership Development Inst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.6388

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kimberly A Layton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9513 Prescott Drive
 City Austin State TX Zip Code 78748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation President, Leadership Development Inst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : SA11AI.6647
 Amount of Each Receipt this Period
 100.00

B. Kimberly A Layton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9513 Prescott Drive
 City Austin State TX Zip Code 78748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation President, Leadership Development Inst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2011
Transaction ID : SA11AI.6901
 Amount of Each Receipt this Period
 100.00

C. Kimberly A Layton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9513 Prescott Drive
 City Austin State TX Zip Code 78748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation President, Leadership Development Inst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : SA11AI.7163
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 100 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 9513 Prescott Drive

City Austin State TX Zip Code 78748

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

Name of Employer Harden Healthcare Occupation President, Leadership Development Inst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011

Transaction ID : SA11AI.7411

Amount of Each Receipt this Period
 100.00

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

Mailing Address 9513 Prescott Drive

City Austin State TX Zip Code 78748

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

Name of Employer Harden Healthcare Occupation President, Leadership Development Inst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011

Transaction ID : SA11AI.7651

Amount of Each Receipt this Period
 100.00

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

Mailing Address 1620 Elderhill Road

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11AI.5155

Amount of Each Receipt this Period
 50.00

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 101 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1620 Elderhill Road

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt: **07 / 29 / 2011**

Transaction ID : SA11AI.5226

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

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

Mailing Address 1620 Elderhill Road

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt: **08 / 15 / 2011**

Transaction ID : SA11AI.5363

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

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

Mailing Address 1620 Elderhill Road

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt: **08 / 31 / 2011**

Transaction ID : SA11AI.5517

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 102 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1620 Elderhill Road

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt: **09 / 15 / 2011**

Transaction ID : SA11AI.5829

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

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

Mailing Address 1620 Elderhill Road

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt: **09 / 30 / 2011**

Transaction ID : SA11AI.6129

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

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

Mailing Address 1620 Elderhill Road

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt: **10 / 14 / 2011**

Transaction ID : SA11AI.6389

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 103 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 1620 Elderhill Road

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : SA11AI.6648

Amount of Each Receipt this Period
50.00

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

Mailing Address 1620 Elderhill Road

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : SA11AI.6902

Amount of Each Receipt this Period
50.00

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

Mailing Address 1620 Elderhill Road

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : SA11AI.7164

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 104 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. George Ledbetter		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2011 Transaction ID : SA11AI.7412
Mailing Address 1620 Elderhill Road		Amount of Each Receipt this Period 50.00
City Driftwood	State TX	Zip Code 78619
FEC ID number of contributing federal political committee. C	Name of Employer Girling Community Care	Occupation General Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) B. George Ledbetter		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2011 Transaction ID : SA11AI.7652
Mailing Address 1620 Elderhill Road		Amount of Each Receipt this Period 50.00
City Driftwood	State TX	Zip Code 78619
FEC ID number of contributing federal political committee. C	Name of Employer Girling Community Care	Occupation General Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Lewis W (Wesley) Little		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2011 Transaction ID : SA11AI.5156
Mailing Address 901 W 9th St #316		Amount of Each Receipt this Period 20.00
City Austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee. C	Name of Employer Harden Healthcare	Occupation Government Relations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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 105 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lewis W (Wesley) Little
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 W 9th St #316

City Austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee. C		
Name of Employer Harden Healthcare	Occupation Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2011
Transaction ID : SA11AI.5227

Amount of Each Receipt this Period
 20.00

B. Lewis W (Wesley) Little
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 W 9th St #316

City Austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee. C		
Name of Employer Harden Healthcare	Occupation Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2011
Transaction ID : SA11AI.5364

Amount of Each Receipt this Period
 20.00

C. Lewis W (Wesley) Little
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 W 9th St #316

City Austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee. C		
Name of Employer Harden Healthcare	Occupation Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2011
Transaction ID : SA11AI.5518

Amount of Each Receipt this Period
 20.00

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

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

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

FOR LINE NUMBER: PAGE 106 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Lewis W (Wesley) Little
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 W 9th St #316
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : SA11AI.5832
 Amount of Each Receipt this Period
 20.00

B. Lewis W (Wesley) Little
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 W 9th St #316
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : SA11AI.6131
 Amount of Each Receipt this Period
 20.00

C. Lewis W (Wesley) Little
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 W 9th St #316
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Government Relations
 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
 10 / 14 / 2011
Transaction ID : SA11AI.6391
 Amount of Each Receipt this Period
 20.00

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

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

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

FOR LINE NUMBER: PAGE 107 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Lewis W (Wesley) Little
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 W 9th St #316
 City Austin State TX Zip Code 78703
 Date of Receipt: 10 / 31 / 2011
 Transaction ID : SA11AI.6650
 Amount of Each Receipt this Period: 20.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: Harden Healthcare Occupation: Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 360.00

B. Lewis W (Wesley) Little
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 W 9th St #316
 City Austin State TX Zip Code 78703
 Date of Receipt: 11 / 15 / 2011
 Transaction ID : SA11AI.6904
 Amount of Each Receipt this Period: 20.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: Harden Healthcare Occupation: Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 380.00

C. Lewis W (Wesley) Little
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 W 9th St #316
 City Austin State TX Zip Code 78703
 Date of Receipt: 11 / 30 / 2011
 Transaction ID : SA11AI.7166
 Amount of Each Receipt this Period: 20.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: Harden Healthcare Occupation: Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 400.00

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 108 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Lewis W (Wesley) Little
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 W 9th St #316

City Austin	State TX	Zip Code 78703
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FEC ID number of contributing federal political committee. **C**

Name of Employer Harden Healthcare	Occupation Government Relations
---------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011

Transaction ID : SA11AI.7414

Amount of Each Receipt this Period
 20.00

B. Lewis W (Wesley) Little
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 W 9th St #316

City Austin	State TX	Zip Code 78703
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FEC ID number of contributing federal political committee. **C**

Name of Employer Harden Healthcare	Occupation Government Relations
---------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011

Transaction ID : SA11AI.7654

Amount of Each Receipt this Period
 20.00

C. Angelin C Lockhart
 Full Name (Last, First, Middle Initial)
 Mailing Address 3002 W 2nd Ave

City Corsicana	State TX	Zip Code 75110
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FEC ID number of contributing federal political committee. **C**

Name of Employer TRISUN Healthcare	Occupation Certified Occupational Therapist
---------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.7871

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	340.00
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 109 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Angelin C Lockhart			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 22 / 2011
Mailing Address 3002 W 2nd Ave			Transaction ID : SA11AI.7018
City Corsicana	State TX	Zip Code 75110	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C			
Name of Employer TRISUN Healthcare	Occupation Certified Occupational Therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 421.00		

Full Name (Last, First, Middle Initial) B. Angelin C Lockhart			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2011
Mailing Address 3002 W 2nd Ave			Transaction ID : SA11AI.7273
City Corsicana	State TX	Zip Code 75110	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C			
Name of Employer TRISUN Healthcare	Occupation Certified Occupational Therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 426.00		

Full Name (Last, First, Middle Initial) C. Angelin C Lockhart			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 22 / 2011
Mailing Address 3002 W 2nd Ave			Transaction ID : SA11AI.7518
City Corsicana	State TX	Zip Code 75110	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C			
Name of Employer TRISUN Healthcare	Occupation Certified Occupational Therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 431.00		

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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 110 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8820 Colberg Dr

City State Zip Code
Austin TX 78749

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

Name of Employer Occupation
Harden Healthcare Director of Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.5157

Amount of Each Receipt this Period
25.00

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

Mailing Address 8820 Colberg Dr

City State Zip Code
Austin TX 78749

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

Name of Employer Occupation
Harden Healthcare Director of Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2011
Transaction ID : SA11AI.5228

Amount of Each Receipt this Period
25.00

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

Mailing Address 8820 Colberg Dr

City State Zip Code
Austin TX 78749

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

Name of Employer Occupation
Harden Healthcare Director of Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2011
Transaction ID : SA11AI.5365

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 111 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8820 Colberg Dr

City Austin State TX Zip Code 78749

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

Name of Employer Harden Healthcare Occupation Director of Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2011

Transaction ID : SA11AI.5519

Amount of Each Receipt this Period
25.00

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

Mailing Address 8820 Colberg Dr

City Austin State TX Zip Code 78749

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

Name of Employer Harden Healthcare Occupation Director of Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : SA11AI.5833

Amount of Each Receipt this Period
25.00

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

Mailing Address 8820 Colberg Dr

City Austin State TX Zip Code 78749

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

Name of Employer Harden Healthcare Occupation Director of Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.6132

Amount of Each Receipt this Period
75.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 112 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Maria A MacKeil		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 14 / 2011
Mailing Address 8820 Colberg Dr		Transaction ID : SA11AI.6392
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Harden Healthcare	Occupation Director of Internal Audit	
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. Maria A MacKeil		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 8820 Colberg Dr		Transaction ID : SA11AI.6651
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Harden Healthcare	Occupation Director of Internal Audit	
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) C. Maria A MacKeil		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011
Mailing Address 8820 Colberg Dr		Transaction ID : SA11AI.6905
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Harden Healthcare	Occupation Director of Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

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 113 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. 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 ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2011

Transaction ID : SA11AI.7167

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 ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : SA11AI.7415

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 ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : SA11AI.7655

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 114 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Tonya Maldonado		Date of Receipt MM / DD / YYYY 09 / 01 / 2011 Transaction ID : SA11AI.7729
Mailing Address 709 Speed Horse		Amount of Each Receipt this Period 500.00
City Liberty Hill	State TX	Zip Code 78642
FEC ID number of contributing federal political committee. C	Name of Employer TRISUN Healthcare	Occupation Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Janet K Marks		Date of Receipt MM / DD / YYYY 11 / 15 / 2011 Transaction ID : SA11AI.7795
Mailing Address 311 Pecan Hollow Dr		Amount of Each Receipt this Period 350.00
City Coppell	State TX	Zip Code 75019
FEC ID number of contributing federal political committee. C	Name of Employer Winters Park Nursing & Rehab	Occupation Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) c. Mary Beth May		Date of Receipt MM / DD / YYYY 09 / 15 / 2011 Transaction ID : SA11AI.7753
Mailing Address PO Box 112594		Amount of Each Receipt this Period 100.00
City Carrollton	State TX	Zip Code 75011
FEC ID number of contributing federal political committee. C	Name of Employer MBM Consulting & Training	Occupation Trainer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		Indiv Attrib: MBM Consuting & Training
		[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 115 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Cathy McKinny
Full Name (Last, First, Middle Initial)

Mailing Address 811 Rowe St

City Rockport State TX Zip Code 78382

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 ▼ **331.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11Al.7770

Amount of Each Receipt this Period
306.00

B. Cathy McKinny
Full Name (Last, First, Middle Initial)

Mailing Address 811 Rowe St

City Rockport State TX Zip Code 78382

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 ▼ **336.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2011

Transaction ID : SA11Al.7021

Amount of Each Receipt this Period
5.00

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

Mailing Address 811 Rowe St

City Rockport State TX Zip Code 78382

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 ▼ **341.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2011

Transaction ID : SA11Al.7276

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **316.00**

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 116 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Cathy McKinny

Mailing Address 811 Rowe St

City State Zip Code
Rockport TX 78382

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 ▼
346.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2011
Transaction ID : SA11AI.7521

Amount of Each Receipt this Period
5.00

Full Name (Last, First, Middle Initial)
B. Jason T Moler

Mailing Address 9910 Grand Summitt Blvd

City State Zip Code
Dripping Springs TX 78620

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

Name of Employer Occupation
Voyager Hospice Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2011
Transaction ID : SA11AI.7277

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Jason T Moler

Mailing Address 9910 Grand Summitt Blvd

City State Zip Code
Dripping Springs TX 78620

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

Name of Employer Occupation
Voyager Hospice Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2011
Transaction ID : SA11AI.7522

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00

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 118 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Deborah Morgan
Full Name (Last, First, Middle Initial)
Mailing Address 5404 Agatha Circle

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 ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2011

Transaction ID : SA11AI.5369

Amount of Each Receipt this Period

50.00

B. Deborah Morgan
Full Name (Last, First, Middle Initial)
Mailing Address 5404 Agatha Circle

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 ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2011

Transaction ID : SA11AI.5524

Amount of Each Receipt this Period

50.00

C. Deborah Morgan
Full Name (Last, First, Middle Initial)
Mailing Address 5404 Agatha Circle

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 ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : SA11AI.5843

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 119 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Deborah Morgan		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2011
Mailing Address 5404 Agatha Circle		Transaction ID : SA11AI.6139
City Austin	State TX	Zip Code 78724
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
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 ▼ 850.00	

Full Name (Last, First, Middle Initial) B. Deborah Morgan		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011
Mailing Address 5404 Agatha Circle		Transaction ID : SA11AI.6399
City Austin	State TX	Zip Code 78724
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
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 ▼ 900.00	

Full Name (Last, First, Middle Initial) C. Deborah Morgan		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 5404 Agatha Circle		Transaction ID : SA11AI.6657
City Austin	State TX	Zip Code 78724
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 12.50
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 ▼ 912.50	

SUBTOTAL of Receipts This Page (optional).....▶	112.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 120 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Deborah Morgan
Full Name (Last, First, Middle Initial)
Mailing Address 5404 Agatha Circle

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 ▼ **925.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : SA11AI.6911

Amount of Each Receipt this Period

12.50

B. Deborah Morgan
Full Name (Last, First, Middle Initial)
Mailing Address 5404 Agatha Circle

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 ▼ **937.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : SA11AI.7173

Amount of Each Receipt this Period

12.50

C. Deborah Morgan
Full Name (Last, First, Middle Initial)
Mailing Address 5404 Agatha Circle

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 ▼ **950.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : SA11AI.7421

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional).....▶	37.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 5404 Agatha Circle

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 ▼ **962.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : SA11AI.7661

Amount of Each Receipt this Period
12.50

Full Name (Last, First, Middle Initial)
B. Trina L Moskovitz

Mailing Address 3809 Spicewood Springs Rd Apt 142

City Austin State TX Zip Code 78759

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

Name of Employer: Girling Home Health
Occupation: Accounts Receivable

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA11AI.7466

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Trina L Moskovitz

Mailing Address 3809 Spicewood Springs Rd Apt 142

City Austin State TX Zip Code 78759

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

Name of Employer: Girling Home Health
Occupation: Accounts Receivable

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : SA11AI.7662

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	62.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 122 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Joseph Odom

Mailing Address 13020 Humphrey Drive

City State Zip Code
 Austin TX 78729

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

Name of Employer Occupation
 Harden Healthcare Services IT 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
 07 / 15 / 2011

Transaction ID : SA11AI.5161

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Joseph Odom

Mailing Address 13020 Humphrey Drive

City State Zip Code
 Austin TX 78729

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

Name of Employer Occupation
 Harden Healthcare Services IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2011

Transaction ID : SA11AI.5230

Amount of Each Receipt this Period
 50.00

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

Mailing Address 13020 Humphrey Drive

City State Zip Code
 Austin TX 78729

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

Name of Employer Occupation
 Harden Healthcare Services IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : SA11AI.5374

Amount of Each Receipt this Period
 50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 123 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Joseph Odom
Full Name (Last, First, Middle Initial)

Mailing Address 13020 Humphrey Drive

City Austin State TX Zip Code 78729

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

Name of Employer Harden Healthcare Services Occupation IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2011

Transaction ID : SA11AI.5531

Amount of Each Receipt this Period
50.00

B. Joseph Odom
Full Name (Last, First, Middle Initial)

Mailing Address 13020 Humphrey Drive

City Austin State TX Zip Code 78729

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

Name of Employer Harden Healthcare Services Occupation IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : SA11AI.5852

Amount of Each Receipt this Period
50.00

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

Mailing Address 13020 Humphrey Drive

City Austin State TX Zip Code 78729

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

Name of Employer Harden Healthcare Services Occupation IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.6146

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 124 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Joseph Odom
Full Name (Last, First, Middle Initial)

Mailing Address 13020 Humphrey Drive

City Austin State TX Zip Code 78729

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

Name of Employer Harden Healthcare Services Occupation IT Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 14 / 2011
Transaction ID : SA11AI.6406

Amount of Each Receipt this Period 50.00

B. Joseph Odom
Full Name (Last, First, Middle Initial)

Mailing Address 13020 Humphrey Drive

City Austin State TX Zip Code 78729

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

Name of Employer Harden Healthcare Services Occupation IT Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 10 / 31 / 2011
Transaction ID : SA11AI.6664

Amount of Each Receipt this Period 50.00

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

Mailing Address 13020 Humphrey Drive

City Austin State TX Zip Code 78729

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

Name of Employer Harden Healthcare Services Occupation IT Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 15 / 2011
Transaction ID : SA11AI.6918

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 125 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Victoria Palm		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11AI.5162
Mailing Address 3507 Abrazo		Amount of Each Receipt this Period 25.00
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		Aggregate Year-to-Date ▼ 325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Victoria Palm		Date of Receipt MM / DD / YYYY 07 / 29 / 2011 Transaction ID : SA11AI.5231
Mailing Address 3507 Abrazo		Amount of Each Receipt this Period 25.00
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		Aggregate Year-to-Date ▼ 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Victoria Palm		Date of Receipt MM / DD / YYYY 08 / 15 / 2011 Transaction ID : SA11AI.5375
Mailing Address 3507 Abrazo		Amount of Each Receipt this Period 25.00
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		Aggregate Year-to-Date ▼ 375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 126 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 3507 Abrazo

City San Antonio State TX Zip Code 78247

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

Name of Employer TRISUN Healthcare Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2011

Transaction ID : SA11AI.5532

Amount of Each Receipt this Period
25.00

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

Mailing Address 3507 Abrazo

City San Antonio State TX Zip Code 78247

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

Name of Employer TRISUN Healthcare Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : SA11AI.5855

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 ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.6148

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 127 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. 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 ▼ **475.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.6408

Amount of Each Receipt this Period
25.00

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

Mailing Address 3507 Abrazo

City San Antonio State TX Zip Code 78247

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

Name of Employer TRISUN Healthcare Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : SA11AI.6666

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 ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2011

Transaction ID : SA11AI.6920

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 128 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Victoria Palm		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : SA11AI.7181
Mailing Address 3507 Abrazo		Amount of Each Receipt this Period 25.00
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: <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. Victoria Palm		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2011 Transaction ID : SA11AI.7428
Mailing Address 3507 Abrazo		Amount of Each Receipt this Period 25.00
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: <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. Victoria Palm		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2011 Transaction ID : SA11AI.7669
Mailing Address 3507 Abrazo		Amount of Each Receipt this Period 25.00
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: <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: PAGE 129 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3200 Wild Canyon Loop

City State Zip Code
Austin TX 78732

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

Name of Employer Occupation
Girling Home Health Vice President of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2011
Transaction ID : SA11AI.5376

Amount of Each Receipt this Period
50.00

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

Mailing Address 3200 Wild Canyon Loop

City State Zip Code
Austin TX 78732

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

Name of Employer Occupation
Girling Home Health Vice President of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2011
Transaction ID : SA11AI.5533

Amount of Each Receipt this Period
50.00

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

Mailing Address 3200 Wild Canyon Loop

City State Zip Code
Austin TX 78732

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

Name of Employer Occupation
Girling Home Health Vice President of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : SA11AI.5856

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 130 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. William B Parrish		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 Transaction ID : SA11AI.6149
Mailing Address 3200 Wild Canyon Loop		Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78732
FEC ID number of contributing federal political committee. C	Name of Employer Girling Home Health	Occupation Vice President of Finance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. William B Parrish		Date of Receipt MM / DD / YYYY 10 / 14 / 2011 Transaction ID : SA11AI.6409
Mailing Address 3200 Wild Canyon Loop		Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78732
FEC ID number of contributing federal political committee. C	Name of Employer Girling Home Health	Occupation Vice President of Finance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. William B Parrish		Date of Receipt MM / DD / YYYY 10 / 31 / 2011 Transaction ID : SA11AI.6667
Mailing Address 3200 Wild Canyon Loop		Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78732
FEC ID number of contributing federal political committee. C	Name of Employer Girling Home Health	Occupation Vice President of Finance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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 131 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3200 Wild Canyon Loop

City Austin State TX Zip Code 78732

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt: **11 / 15 / 2011**

Transaction ID : SA11AI.6921

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

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

Mailing Address 3200 Wild Canyon Loop

City Austin State TX Zip Code 78732

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **11 / 30 / 2011**

Transaction ID : SA11AI.7182

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 of Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt: **12 / 15 / 2011**

Transaction ID : SA11AI.7429

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 132 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3200 Wild Canyon Loop

City Austin State TX Zip Code 78732

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt: **12 / 30 / 2011**

Transaction ID : SA11AI.7670

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

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 ▼ **325.00**

Date of Receipt: **07 / 15 / 2011**

Transaction ID : SA11AI.5164

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

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 ▼ **350.00**

Date of Receipt: **07 / 29 / 2011**

Transaction ID : SA11AI.5233

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ **375.00**

Date of Receipt: **08 / 15 / 2011**

Transaction ID : SA11AI.5377

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

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 ▼ **400.00**

Date of Receipt: **08 / 31 / 2011**

Transaction ID : SA11AI.5536

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

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 ▼ **425.00**

Date of Receipt: **09 / 15 / 2011**

Transaction ID : SA11AI.5858

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 134 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ **450.00**

Date of Receipt: **09 / 30 / 2011**

Transaction ID : **SA11AI.6151**

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

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 ▼ **475.00**

Date of Receipt: **10 / 14 / 2011**

Transaction ID : **SA11AI.6411**

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

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 ▼ **500.00**

Date of Receipt: **10 / 31 / 2011**

Transaction ID : **SA11AI.6669**

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 135 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Mark Pinckard		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2011 Transaction ID : SA11AI.6923
Mailing Address 2913 Richfield Landing		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) B. Mark Pinckard		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : SA11AI.7184
Mailing Address 2913 Richfield Landing		Amount of Each Receipt this Period 25.00
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: <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. Mark Pinckard		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2011 Transaction ID : SA11AI.7431
Mailing Address 2913 Richfield Landing		Amount of Each Receipt this Period 25.00
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: <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).....▶	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 136 OF 197
	<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 Pinckard

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 ▼ **600.00**

Date of Receipt: **12 / 30 / 2011**

Transaction ID : **SA11AI.7672**

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

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

Mailing Address 201 CR 326A

City Rosebud State TX Zip Code 76570

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

Name of Employer: Girling Community Care Occupation: Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt: **07 / 15 / 2011**

Transaction ID : **SA11AI.5165**

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

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

Mailing Address 201 CR 326A

City Rosebud State TX Zip Code 76570

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

Name of Employer: Girling Community Care Occupation: Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt: **07 / 29 / 2011**

Transaction ID : **SA11AI.5234**

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 137 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 201 CR 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 ▼
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2011
Transaction ID : SA11AI.5378

Amount of Each Receipt this Period
25.00

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

Mailing Address 201 CR 326A

City State Zip Code
Rosebud TX 76570

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

Name of Employer Occupation
Girling Community Care Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2011
Transaction ID : SA11AI.5537

Amount of Each Receipt this Period
25.00

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

Mailing Address 201 CR 326A

City State Zip Code
Rosebud TX 76570

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

Name of Employer Occupation
Girling Community Care Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : SA11AI.5861

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 138 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 201 CR 326A

City Rosebud State TX Zip Code 76570

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

Name of Employer Occupation
Girling Community Care Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
09 / 30 / 2011
Transaction ID : SA11AI.6153

Amount of Each Receipt this Period
25.00

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

Mailing Address 201 CR 326A

City Rosebud State TX Zip Code 76570

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

Name of Employer Occupation
Girling Community Care Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
10 / 14 / 2011
Transaction ID : SA11AI.6413

Amount of Each Receipt this Period
25.00

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

Mailing Address 201 CR 326A

City Rosebud State TX Zip Code 76570

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

Name of Employer Occupation
Girling Community Care Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 31 / 2011
Transaction ID : SA11AI.6671

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 139 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 201 CR 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 ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2011
Transaction ID : SA11AI.6925

Amount of Each Receipt this Period
25.00

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

Mailing Address 201 CR 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 M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : SA11AI.7186

Amount of Each Receipt this Period
25.00

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

Mailing Address 201 CR 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 M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : SA11AI.7433

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 140 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Robin A Polk		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2011 Transaction ID : SA11AI.7674
Mailing Address 201 CR 326A		Amount of Each Receipt this Period 25.00
City Rosebud	State TX	Zip Code 76570
FEC ID number of contributing federal political committee. C	Name of Employer Girling Community Care	Occupation Regional Manager, Compliance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Shanni F Ponce		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 07 / 2011 Transaction ID : SA11AI.5107
Mailing Address 2818 Fountain Grove Cove		Amount of Each Receipt this Period 40.00
City Round Rock	State TX	Zip Code 78665
FEC ID number of contributing federal political committee. C	Name of Employer MBS Rehab	Occupation Senior Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. Shanni F Ponce		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 22 / 2011 Transaction ID : SA11AI.5180
Mailing Address 2818 Fountain Grove Cove		Amount of Each Receipt this Period 40.00
City Round Rock	State TX	Zip Code 78665
FEC ID number of contributing federal political committee. C	Name of Employer MBS Rehab	Occupation Senior Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

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: PAGE 141 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2818 Fountain Grove Cove

City Round Rock State TX Zip Code 78665

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

Name of Employer MBS Rehab Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2011
Transaction ID : SA11AI.5268

Amount of Each Receipt this Period
40.00

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

Mailing Address 2818 Fountain Grove Cove

City Round Rock State TX Zip Code 78665

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

Name of Employer MBS Rehab Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2011
Transaction ID : SA11AI.5423

Amount of Each Receipt this Period
40.00

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

Mailing Address 2818 Fountain Grove Cove

City Round Rock State TX Zip Code 78665

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

Name of Employer MBS Rehab Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 07 / 2011
Transaction ID : SA11AI.5654

Amount of Each Receipt this Period
40.00

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

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

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

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

FOR LINE NUMBER: PAGE 142 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2818 Fountain Grove Cove

City Round Rock State TX Zip Code 78665

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

Name of Employer MBS Rehab Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 / /
09 / 22 / 2011

Transaction ID : **SA11AI.5991**

Amount of Each Receipt this Period
 40.00

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

Mailing Address 2818 Fountain Grove Cove

City Round Rock State TX Zip Code 78665

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

Name of Employer MBS Rehab Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt
 / /
10 / 07 / 2011

Transaction ID : **SA11AI.6259**

Amount of Each Receipt this Period
 40.00

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

Mailing Address 2818 Fountain Grove Cove

City Round Rock State TX Zip Code 78665

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

Name of Employer MBS Rehab Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 / /
10 / 21 / 2011

Transaction ID : **SA11AI.6515**

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 143 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2818 Fountain Grove Cove

City Round Rock State TX Zip Code 78665

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

Name of Employer MBS Rehab Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2011

Transaction ID : SA11AI.6771

Amount of Each Receipt this Period
40.00

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

Mailing Address 2818 Fountain Grove Cove

City Round Rock State TX Zip Code 78665

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

Name of Employer MBS Rehab Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2011

Transaction ID : SA11AI.7032

Amount of Each Receipt this Period
40.00

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

Mailing Address 2818 Fountain Grove Cove

City Round Rock State TX Zip Code 78665

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

Name of Employer MBS Rehab Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **920.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2011

Transaction ID : SA11AI.7287

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 144 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) A. Shanni F Ponce		Date of Receipt MM / DD / YYYY 12 / 22 / 2011
Mailing Address 2818 Fountain Grove Cove		Transaction ID : SA11AI.7532
City Round Rock	State TX	Zip Code 78665
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer MBS Rehab	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

Full Name (Last, First, Middle Initial) B. Dee Ann Probst		Date of Receipt MM / DD / YYYY 07 / 07 / 2011
Mailing Address 7800 Pine Ridge Dr		Transaction ID : SA11AI.5108
City Justin	State TX	Zip Code 76247
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer TRISUN Healthcare	Occupation Administrator, Victoria Gardens of Fri	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Dee Ann Probst		Date of Receipt MM / DD / YYYY 07 / 22 / 2011
Mailing Address 7800 Pine Ridge Dr		Transaction ID : SA11AI.5181
City Justin	State TX	Zip Code 76247
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer TRISUN Healthcare	Occupation Administrator, Victoria Gardens of Fri	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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 145 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dee Ann Probst
Full Name (Last, First, Middle Initial)
Mailing Address 7800 Pine Ridge Dr
City Justin State TX Zip Code 76247
FEC ID number of contributing federal political committee. **C**
Name of Employer TRISUN Healthcare Occupation Administrator, Victoria Gardens of Fri
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 08 / 2011**
Transaction ID : SA11AI.5269
Amount of Each Receipt this Period **20.00**

B. Dee Ann Probst
Full Name (Last, First, Middle Initial)
Mailing Address 7800 Pine Ridge Dr
City Justin State TX Zip Code 76247
FEC ID number of contributing federal political committee. **C**
Name of Employer TRISUN Healthcare Occupation Administrator, Victoria Gardens of Fri
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **320.00**

Date of Receipt **08 / 22 / 2011**
Transaction ID : SA11AI.5426
Amount of Each Receipt this Period **20.00**

C. Dee Ann Probst
Full Name (Last, First, Middle Initial)
Mailing Address 7800 Pine Ridge Dr
City Justin State TX Zip Code 76247
FEC ID number of contributing federal political committee. **C**
Name of Employer TRISUN Healthcare Occupation Administrator, Victoria Gardens of Fri
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **340.00**

Date of Receipt **09 / 07 / 2011**
Transaction ID : SA11AI.5657
Amount of Each Receipt this Period **20.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dee Ann Probst
 Full Name (Last, First, Middle Initial)
 Mailing Address 7800 Pine Ridge Dr
 City Justin State TX Zip Code 76247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRISUN Healthcare Occupation Administrator, Victoria Gardens of Fri
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2011
Transaction ID : SA11AI.5994
 Amount of Each Receipt this Period
 20.00

B. Dee Ann Probst
 Full Name (Last, First, Middle Initial)
 Mailing Address 7800 Pine Ridge Dr
 City Justin State TX Zip Code 76247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRISUN Healthcare Occupation Administrator, Victoria Gardens of Fri
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2011
Transaction ID : SA11AI.6262
 Amount of Each Receipt this Period
 20.00

C. Dee Ann Probst
 Full Name (Last, First, Middle Initial)
 Mailing Address 7800 Pine Ridge Dr
 City Justin State TX Zip Code 76247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRISUN Healthcare Occupation Administrator, Victoria Gardens of Fri
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2011
Transaction ID : SA11AI.6518
 Amount of Each Receipt this Period
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dee Ann Probst
 Full Name (Last, First, Middle Initial)
 Mailing Address 7800 Pine Ridge Dr
 City Justin State TX Zip Code 76247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRISUN Healthcare Occupation Administrator, Victoria Gardens of Fri
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **420.00**

Date of Receipt **11 / 07 / 2011**
Transaction ID : SA11AI.6774
 Amount of Each Receipt this Period **200.00**

B. Kathleen M Schellhaas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2535 Grassy Spring Pl
 City Las Vegas State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Business Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **12 / 15 / 2011**
Transaction ID : SA11AI.7440
 Amount of Each Receipt this Period **25.00**

C. Kathleen M Schellhaas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2535 Grassy Spring Pl
 City Las Vegas State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Business Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 30 / 2011**
Transaction ID : SA11AI.7682
 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 148 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. 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 ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2011

Transaction ID : SA11AI.6527

Amount of Each Receipt this Period
40.00

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

Mailing Address 722 Craig St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2011

Transaction ID : SA11AI.6783

Amount of Each Receipt this Period
40.00

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

Mailing Address 722 Craig St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2011

Transaction ID : SA11AI.7045

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 149 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Rebecca Shropshire		Date of Receipt 12 / 07 / 2011 Transaction ID : SA11AI.7299
Mailing Address 722 Craig St		Amount of Each Receipt this Period 40.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00

Full Name (Last, First, Middle Initial) B. Rebecca Shropshire		Date of Receipt 12 / 22 / 2011 Transaction ID : SA11AI.7544
Mailing Address 722 Craig St		Amount of Each Receipt this Period 40.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00

Full Name (Last, First, Middle Initial) C. Toni M Silguero		Date of Receipt 07 / 15 / 2011 Transaction ID : SA11AI.5167
Mailing Address 3804 Middle Earth Trail		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 ▼ 325.00

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 150 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3804 Middle Earth Trail

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 ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2011

Transaction ID : SA11AI.5236

Amount of Each Receipt this Period

25.00

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

Mailing Address 3804 Middle Earth Trail

City 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 ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2011

Transaction ID : SA11AI.5384

Amount of Each Receipt this Period

25.00

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

Mailing Address 3804 Middle Earth Trail

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 ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2011

Transaction ID : SA11AI.5543

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 151 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3804 Middle Earth Trail

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 ▼ **425.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : SA11AI.5882

Amount of Each Receipt this Period

25.00

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

Mailing Address 3804 Middle Earth Trail

City 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 ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.6168

Amount of Each Receipt this Period

25.00

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

Mailing Address 3804 Middle Earth Trail

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 ▼ **475.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.6426

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 152 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3804 Middle Earth Trail

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 ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : SA11AI.6684

Amount of Each Receipt this Period

25.00

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

Mailing Address 3804 Middle Earth Trail

City 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 ▼ **525.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : SA11AI.6937

Amount of Each Receipt this Period

25.00

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

Mailing Address 3804 Middle Earth Trail

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	/	2011

Transaction ID : SA11AI.7197

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 153 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3804 Middle Earth Trail

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	/	15	/	2011

Transaction ID : SA11AI.7443

Amount of Each Receipt this Period

25.00

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

Mailing Address 3804 Middle Earth Trail

City 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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

Transaction ID : SA11AI.7685

Amount of Each Receipt this Period

25.00

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

Mailing Address 991 Oak Ridge

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2011

Transaction ID : SA11AI.5111

Amount of Each Receipt this Period

50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 991 Oak Ridge

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2011
Transaction ID : SA11AI.5184

Amount of Each Receipt this Period
50.00

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

Mailing Address 991 Oak Ridge

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2011
Transaction ID : SA11AI.5270

Amount of Each Receipt this Period
50.00

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

Mailing Address 991 Oak Ridge

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2011
Transaction ID : SA11AI.5429

Amount of Each Receipt this Period
50.00

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

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

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

FOR LINE NUMBER: PAGE 155 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 991 Oak Ridge

City State Zip Code
Shertz TX 78154

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

Name of Employer Occupation
MBS Rehab Director of Clinical Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2011
Transaction ID : SA11AI.5676

Amount of Each Receipt this Period
50.00

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

Mailing Address 991 Oak Ridge

City State Zip Code
Shertz TX 78154

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

Name of Employer Occupation
MBS Rehab Director of Clinical Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2011
Transaction ID : SA11AI.6006

Amount of Each Receipt this Period
50.00

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

Mailing Address 991 Oak Ridge

City State Zip Code
Shertz TX 78154

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

Name of Employer Occupation
MBS Rehab Director of Clinical Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2011
Transaction ID : SA11AI.6275

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 156 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 991 Oak Ridge

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2011
Transaction ID : SA11AI.6529

Amount of Each Receipt this Period
50.00

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

Mailing Address 991 Oak Ridge

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2011
Transaction ID : SA11AI.6785

Amount of Each Receipt this Period
50.00

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

Mailing Address 991 Oak Ridge

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2011
Transaction ID : SA11AI.7047

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 157 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 991 Oak Ridge

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2011

Transaction ID : SA11AI.7301

Amount of Each Receipt this Period
50.00

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

Mailing Address 991 Oak Ridge

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2011

Transaction ID : SA11AI.7546

Amount of Each Receipt this Period
50.00

C. Kristen Noel Sluder
Full Name (Last, First, Middle Initial)

Mailing Address 6903 Dubuque Lane

City Austin	State TX	Zip Code 78723
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
532.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.7793

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 158 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Kristen Noel Sluder		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 22 / 2011 Transaction ID : SA11AI.7048
Mailing Address 6903 Dubuque Lane		Amount of Each Receipt this Period 2.00
City Austin State TX Zip Code 78723	FEC ID number of contributing federal political committee. C	
Name of Employer TRISUN Healthcare Occupation Trisun Administrator	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 534.00

Full Name (Last, First, Middle Initial) B. Kristen Noel Sluder		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2011 Transaction ID : SA11AI.7302
Mailing Address 6903 Dubuque Lane		Amount of Each Receipt this Period 2.00
City Austin State TX Zip Code 78723	FEC ID number of contributing federal political committee. C	
Name of Employer TRISUN Healthcare Occupation Trisun Administrator	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 536.00

Full Name (Last, First, Middle Initial) C. Kristen Noel Sluder		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 22 / 2011 Transaction ID : SA11AI.7547
Mailing Address 6903 Dubuque Lane		Amount of Each Receipt this Period 2.00
City Austin State TX Zip Code 78723	FEC ID number of contributing federal political committee. C	
Name of Employer TRISUN Healthcare Occupation Trisun Administrator	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.00

SUBTOTAL of Receipts This Page (optional).....▶	6.00
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 159 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Pattie Ann Smith
Full Name (Last, First, Middle Initial)
Mailing Address 4940 SW CR 1140

City Corsicana	State TX	Zip Code 75110
FEC ID number of contributing federal political committee. C		
Name of Employer TRISUN Healthcare	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt
09 / 01 / 2011
Transaction ID : SA11AI.7717

Amount of Each Receipt this Period
500.00

B. Pattie Ann Smith
Full Name (Last, First, Middle Initial)
Mailing Address 4940 SW CR 1140

City Corsicana	State TX	Zip Code 75110
FEC ID number of contributing federal political committee. C		
Name of Employer TRISUN Healthcare	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 505.00	

Date of Receipt
09 / 07 / 2011
Transaction ID : SA11AI.5679

Amount of Each Receipt this Period
5.00

C. Pattie Ann Smith
Full Name (Last, First, Middle Initial)
Mailing Address 4940 SW CR 1140

City Corsicana	State TX	Zip Code 75110
FEC ID number of contributing federal political committee. C		
Name of Employer TRISUN Healthcare	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Date of Receipt
09 / 22 / 2011
Transaction ID : SA11AI.6008

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional).....▶	510.00
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 160 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : SA11AI.7687
 Amount of Each Receipt this Period
25.00

B. Charlene Turner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2101 Birdie Court
 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 **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2011
Transaction ID : SA11AI.5187
 Amount of Each Receipt this Period
15.00

c. Charlene Turner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2101 Birdie Court
 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 **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2011
Transaction ID : SA11AI.5274
 Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional).....	55.00
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 161 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Charlene Turner		Date of Receipt
Mailing Address 2101 Birdie Court		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
City	State	Zip Code
San Angelo	TX	76904
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.5434
Name of Employer	Occupation	Amount of Each Receipt this Period
TRISUN Healthcare	Administrator, Regency House	<input type="text" value="15.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) B. Charlene Turner		Date of Receipt
Mailing Address 2101 Birdie Court		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
City	State	Zip Code
San Angelo	TX	76904
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.5690
Name of Employer	Occupation	Amount of Each Receipt this Period
TRISUN Healthcare	Administrator, Regency House	<input type="text" value="15.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="255.00"/>	

Full Name (Last, First, Middle Initial) C. Charlene Turner		Date of Receipt
Mailing Address 2101 Birdie Court		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
City	State	Zip Code
San Angelo	TX	76904
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6015
Name of Employer	Occupation	Amount of Each Receipt this Period
TRISUN Healthcare	Administrator, Regency House	<input type="text" value="15.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="270.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="45.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 162 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2101 Birdie Court

City San Angelo State TX Zip Code 76904

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

Name of Employer Occupation
TRISUN Healthcare Administrator, Regency House

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **10 / 07 / 2011**
Transaction ID : SA11AI.6284

Amount of Each Receipt this Period **15.00**

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

Mailing Address 2101 Birdie Court

City San Angelo State TX Zip Code 76904

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

Name of Employer Occupation
TRISUN Healthcare Administrator, Regency House

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 21 / 2011**
Transaction ID : SA11AI.6537

Amount of Each Receipt this Period **15.00**

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

Mailing Address 2101 Birdie Court

City San Angelo State TX Zip Code 76904

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

Name of Employer Occupation
TRISUN Healthcare Administrator, Regency House

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **11 / 07 / 2011**
Transaction ID : SA11AI.6793

Amount of Each Receipt this Period **15.00**

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

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

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

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

FOR LINE NUMBER: PAGE 163 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2101 Birdie Court

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 ▼ **330.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2011
Transaction ID : SA11AI.7056

Amount of Each Receipt this Period
15.00

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

Mailing Address 2101 Birdie Court

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 ▼ **345.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2011
Transaction ID : SA11AI.7310

Amount of Each Receipt this Period
15.00

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

Mailing Address 2101 Birdie Court

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 ▼ **360.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2011
Transaction ID : SA11AI.7554

Amount of Each Receipt this Period
15.00

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

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

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

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

FOR LINE NUMBER: PAGE 164 OF 197
(check only one)

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

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

Mailing Address 629 Park Ave

City New Richmond	State WI	Zip Code 54017
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : SA11AI.5900

Amount of Each Receipt this Period
 25.00

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

Mailing Address 629 Park Ave

City New Richmond	State WI	Zip Code 54017
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : SA11AI.6182

Amount of Each Receipt this Period
 25.00

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

Mailing Address 629 Park Ave

City New Richmond	State WI	Zip Code 54017
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.6440

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 165 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 629 Park Ave

City State Zip Code
New Richmond WI 54017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
 / /
 10 / 31 / 2011
Transaction ID : SA11AI.6698

Amount of Each Receipt this Period
25.00

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

Mailing Address 629 Park Ave

City State Zip Code
New Richmond WI 54017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.00

Date of Receipt
 / /
 11 / 15 / 2011
Transaction ID : SA11AI.6953

Amount of Each Receipt this Period
25.00

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

Mailing Address 629 Park Ave

City State Zip Code
New Richmond WI 54017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 / /
 11 / 30 / 2011
Transaction ID : SA11AI.7211

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 166 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. 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 of Quality & Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
355.00

Date of Receipt
12 / 15 / 2011
Transaction ID : SA11AI.7456

Amount of Each Receipt this Period
25.00

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

Mailing Address 629 Park Ave

City New Richmond State WI Zip Code 54017

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

Name of Employer Occupation
Girling Home Health Vice President of Quality & Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
12 / 30 / 2011
Transaction ID : SA11AI.7697

Amount of Each Receipt this Period
25.00

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 ▼
650.00

Date of Receipt
07 / 15 / 2011
Transaction ID : SA11AI.5169

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶ 100.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 167 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial)
A. Ronda Van Meter

Mailing Address 253 LCR 405

City State Zip Code
Mexia TX 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 ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2011
Transaction ID : SA11AI.5238

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Ronda Van Meter

Mailing Address 253 LCR 405

City State Zip Code
Mexia TX 76667

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Girling Home Health Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2011
Transaction ID : SA11AI.5396

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Ronda Van Meter

Mailing Address 253 LCR 405

City State Zip Code
Mexia TX 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 ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2011
Transaction ID : SA11AI.5554

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 168 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

A. 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 ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : SA11AI.5899

Amount of Each Receipt this Period
50.00

B. Ronda Van Meter
Full Name (Last, First, Middle Initial)
Mailing Address 253 LCR 405

City Mexia	State TX	Zip Code 76667
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Girling Home Health	Occupation Regional Vice President
-----------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.6181

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 Girling Home Health	Occupation Regional Vice President
-----------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.6439

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 169 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

A. 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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : SA11AI.6697

Amount of Each Receipt this Period
50.00

B. Ronda Van Meter
Full Name (Last, First, Middle Initial)
Mailing Address 253 LCR 405

City Mexia	State TX	Zip Code 76667
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Girling Home Health	Occupation Regional Vice President
-----------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : SA11AI.6952

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
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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 ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : SA11AI.7210

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 170 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

A. 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 ▼
1150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : SA11AI.7455

Amount of Each Receipt this Period
50.00

B. Ronda Van Meter
Full Name (Last, First, Middle Initial)
Mailing Address 253 LCR 405

City Mexia	State TX	Zip Code 76667
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Girling Home Health	Occupation Regional Vice President
-----------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

Transaction ID : SA11AI.7696

Amount of Each Receipt this Period
50.00

C. Jennifer Lynn Vogt
Full Name (Last, First, Middle Initial)
Mailing Address 4506 Grand Cypress Drive

City Austin	State TX	Zip Code 78747
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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 ▼
1965.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11AI.5171

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional).....▶	155.00
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 171 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

A. Jennifer Lynn Vogt
Full Name (Last, First, Middle Initial)
Mailing Address 4506 Grand Cypress Drive
City Austin State TX Zip Code 78747
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Community Care Occupation: Regional Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2020.00**

Date of Receipt: 07 / 29 / 2011
Transaction ID : SA11AI.5240
Amount of Each Receipt this Period: 55.00

B. Jennifer Lynn Vogt
Full Name (Last, First, Middle Initial)
Mailing Address 4506 Grand Cypress Drive
City Austin State TX Zip Code 78747
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Community Care Occupation: Regional Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2075.00**

Date of Receipt: 08 / 15 / 2011
Transaction ID : SA11AI.5398
Amount of Each Receipt this Period: 55.00

C. Jennifer Lynn Vogt
Full Name (Last, First, Middle Initial)
Mailing Address 4506 Grand Cypress Drive
City Austin State TX Zip Code 78747
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Community Care Occupation: Regional Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2130.00**

Date of Receipt: 08 / 31 / 2011
Transaction ID : SA11AI.5556
Amount of Each Receipt this Period: 55.00

SUBTOTAL of Receipts This Page (optional)..... **165.00**
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 172 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

A. Jennifer Lynn Vogt
Full Name (Last, First, Middle Initial)

Mailing Address 4506 Grand Cypress Drive

City Austin State TX Zip Code 78747

FEC ID number of contributing federal political committee. **C**

Name of Employer: Girling Community Care
Occupation: Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2185.00**

Date of Receipt: **09 / 15 / 2011**

Transaction ID : SA11AI.5901

Amount of Each Receipt this Period: **55.00**

B. Jennifer Lynn Vogt
Full Name (Last, First, Middle Initial)

Mailing Address 4506 Grand Cypress Drive

City Austin State TX Zip Code 78747

FEC ID number of contributing federal political committee. **C**

Name of Employer: Girling Community Care
Occupation: Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2240.00**

Date of Receipt: **09 / 30 / 2011**

Transaction ID : SA11AI.6183

Amount of Each Receipt this Period: **55.00**

C. Jennifer Lynn Vogt
Full Name (Last, First, Middle Initial)

Mailing Address 4506 Grand Cypress Drive

City Austin State TX Zip Code 78747

FEC ID number of contributing federal political committee. **C**

Name of Employer: Girling Community Care
Occupation: Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2295.00**

Date of Receipt: **10 / 14 / 2011**

Transaction ID : SA11AI.6441

Amount of Each Receipt this Period: **55.00**

SUBTOTAL of Receipts This Page (optional)..... **165.00**

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 173 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial)
A. Jennifer Lynn Vogt

Mailing Address 4506 Grand Cypress Drive

City Austin	State TX	Zip Code 78747
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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 ▼
2350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : SA11AI.6699

Amount of Each Receipt this Period
55.00

Full Name (Last, First, Middle Initial)
B. Jennifer Lynn Vogt

Mailing Address 4506 Grand Cypress Drive

City Austin	State TX	Zip Code 78747
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Girling Community Care	Occupation Regional Vice President
--------------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : SA11AI.6954

Amount of Each Receipt this Period
55.00

Full Name (Last, First, Middle Initial)
C. Jennifer Lynn Vogt

Mailing Address 4506 Grand Cypress Drive

City Austin	State TX	Zip Code 78747
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Girling Community Care	Occupation Regional Vice President
--------------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : SA11AI.7212

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional).....▶	165.00
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 174 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial)
A. Jennifer Lynn Vogt

Mailing Address 4506 Grand Cypress Drive

City Austin State TX Zip Code 78747

FEC ID number of contributing federal political committee. **C**

Name of Employer: **Girling Community Care** Occupation: **Regional Vice President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2515.00**

Date of Receipt: **12 / 15 / 2011**

Transaction ID : SA11AI.7457

Amount of Each Receipt this Period: **55.00**

Full Name (Last, First, Middle Initial)
B. Jennifer Lynn Vogt

Mailing Address 4506 Grand Cypress Drive

City Austin State TX Zip Code 78747

FEC ID number of contributing federal political committee. **C**

Name of Employer: **Girling Community Care** Occupation: **Regional Vice President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2570.00**

Date of Receipt: **12 / 30 / 2011**

Transaction ID : SA11AI.7698

Amount of Each Receipt this Period: **55.00**

Full Name (Last, First, Middle Initial)
C. Marrison Wade

Mailing Address 221 Cedar Dr

City Portland State TX Zip Code 78374

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 ▼ **300.00**

Date of Receipt: **07 / 22 / 2011**

Transaction ID : SA11AI.7874

Amount of Each Receipt this Period: **300.00**

SUBTOTAL of Receipts This Page (optional).....▶	410.00
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 175 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial) A. Maureen Walther		Date of Receipt MM / DD / YYYY 09 / 15 / 2011 Transaction ID : SA11AI.7743
Mailing Address 582 State Hwy 7		Amount of Each Receipt this Period 500.00
City Eddy	State TX	Zip Code 76524
FEC ID number of contributing federal political committee. C	Name of Employer TRISUN Healthcare	
Occupation Administrator		Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Deborah Weems		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : SA11AI.5172
Mailing Address 2518 Harris Blvd		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 TRISUN Healthcare	
Occupation Vice President, Marketing		Aggregate Year-to-Date ▼ 325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Deborah Weems		Date of Receipt MM / DD / YYYY 07 / 29 / 2011 Transaction ID : SA11AI.5241
Mailing Address 2518 Harris Blvd		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 TRISUN Healthcare	
Occupation Vice President, Marketing		Aggregate Year-to-Date ▼ 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 176 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial)
A. Deborah Weems

Mailing Address 2518 Harris Blvd

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer TRISUN Healthcare	Occupation Vice President, Marketing
---------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2011

Transaction ID : SA11AI.5399

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
B. Deborah Weems

Mailing Address 2518 Harris Blvd

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer TRISUN Healthcare	Occupation Vice President, Marketing
---------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2011

Transaction ID : SA11AI.5557

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
C. Deborah Weems

Mailing Address 2518 Harris Blvd

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer TRISUN Healthcare	Occupation Vice President, Marketing
---------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : SA11AI.5904

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 177 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial)
A. Deborah Weems

Mailing Address 2518 Harris Blvd

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer TRISUN Healthcare	Occupation Vice President, Marketing
---------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.6187

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Deborah Weems

Mailing Address 2518 Harris Blvd

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer TRISUN Healthcare	Occupation Vice President, Marketing
---------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.6444

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Deborah Weems

Mailing Address 2518 Harris Blvd

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer TRISUN Healthcare	Occupation Vice President, Marketing
---------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : SA11AI.6702

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 178 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial)
A. Deborah Weems

Mailing Address 2518 Harris Blvd

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer TRISUN Healthcare	Occupation Vice President, Marketing
---------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	15	/	2011

Transaction ID : SA11AI.6959

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
B. Deborah Weems

Mailing Address 2518 Harris Blvd

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer TRISUN Healthcare	Occupation Vice President, Marketing
---------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	30	/	2011

Transaction ID : SA11AI.7216

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
C. Deborah Weems

Mailing Address 2518 Harris Blvd

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer TRISUN Healthcare	Occupation Vice President, Marketing
---------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	15	/	2011

Transaction ID : SA11AI.7461

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 179 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial)
A. Deborah Weems

Mailing Address 2518 Harris Blvd

City Austin State TX Zip Code 78703

FEC ID number of contributing federal political committee. **C**

Name of Employer TRISUN Healthcare Occupation Vice President, Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : SA11AI.7702

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. James S B Whittenburg

Mailing Address 13406 Tierra Dr

City Austin State TX Zip Code 78727

FEC ID number of contributing federal political committee. **C**

Name of Employer HealthTronics Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2011

Transaction ID : SA11AI.7794

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Carolyn Williams

Mailing Address 12707 Eagle Nest Dr

City Buda State TX Zip Code 78610

FEC ID number of contributing federal political committee. **C**

Name of Employer Girling Home Health Occupation Director of Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.5173

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	5050.00
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 180 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

A. Carolyn Williams
Full Name (Last, First, Middle Initial)
Mailing Address 12707 Eagle Nest Dr
City Buda State TX Zip Code 78610
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Home Health Occupation: Director of Compliance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **350.00**

Date of Receipt: 07 / 29 / 2011
Transaction ID : SA11AI.5242
Amount of Each Receipt this Period: 25.00

B. Carolyn Williams
Full Name (Last, First, Middle Initial)
Mailing Address 12707 Eagle Nest Dr
City Buda State TX Zip Code 78610
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Home Health Occupation: Director of Compliance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **375.00**

Date of Receipt: 08 / 15 / 2011
Transaction ID : SA11AI.5400
Amount of Each Receipt this Period: 25.00

C. Carolyn Williams
Full Name (Last, First, Middle Initial)
Mailing Address 12707 Eagle Nest Dr
City Buda State TX Zip Code 78610
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Home Health Occupation: Director of Compliance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt: 08 / 31 / 2011
Transaction ID : SA11AI.5558
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 181 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial)
A. Carolyn Williams

Mailing Address 12707 Eagle Nest Dr

City State Zip Code
Buda TX 78610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Girling Home Health Director of Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : SA11AI.5907

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Carolyn Williams

Mailing Address 12707 Eagle Nest Dr

City State Zip Code
Buda TX 78610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Girling Home Health Director of Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : SA11AI.6189

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Carolyn Williams

Mailing Address 12707 Eagle Nest Dr

City State Zip Code
Buda TX 78610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Girling Home Health Director of Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011
Transaction ID : SA11AI.6446

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 182 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

A. Iris B Williams
Full Name (Last, First, Middle Initial)
Mailing Address 3733 Locke Lane

City Corpus Christi	State TX	Zip Code 78415
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MBS Rehab	Occupation Director of Operations
-------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	07	/	2011

Transaction ID : SA11AI.5115

Amount of Each Receipt this Period

50.00

B. Iris B Williams
Full Name (Last, First, Middle Initial)
Mailing Address 3733 Locke Lane

City Corpus Christi	State TX	Zip Code 78415
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MBS Rehab	Occupation Director of Operations
-------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	22	/	2011

Transaction ID : SA11AI.5188

Amount of Each Receipt this Period

50.00

C. Iris B Williams
Full Name (Last, First, Middle Initial)
Mailing Address 3733 Locke Lane

City Corpus Christi	State TX	Zip Code 78415
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MBS Rehab	Occupation Director of Operations
-------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	08	/	2011

Transaction ID : SA11AI.5275

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 183 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial)
A. Iris B Williams

Mailing Address 3733 Locke Lane

City State Zip Code
Corpus Christi TX 78415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MBS Rehab Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2011
Transaction ID : SA11AI.5435

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Iris B Williams

Mailing Address 3733 Locke Lane

City State Zip Code
Corpus Christi TX 78415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MBS Rehab Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2011
Transaction ID : SA11AI.5697

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Iris B Williams

Mailing Address 3733 Locke Lane

City State Zip Code
Corpus Christi TX 78415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MBS Rehab Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2011
Transaction ID : SA11AI.6019

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 184 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial) A. Iris B Williams		Date of Receipt
Mailing Address 3733 Locke Lane		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
City	State	Zip Code
Corpus Christi	TX	78415
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.6288
MBS Rehab	Director of Operations	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="950.00"/>	<input type="text" value="50.00"/>

Full Name (Last, First, Middle Initial) B. Iris B Williams		Date of Receipt
Mailing Address 3733 Locke Lane		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
City	State	Zip Code
Corpus Christi	TX	78415
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.6541
MBS Rehab	Director of Operations	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	<input type="text" value="50.00"/>

Full Name (Last, First, Middle Initial) C. Iris B Williams		Date of Receipt
Mailing Address 3733 Locke Lane		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
City	State	Zip Code
Corpus Christi	TX	78415
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.6797
MBS Rehab	Director of Operations	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1050.00"/>	<input type="text" value="50.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 185 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial)
A. Iris B Williams

Mailing Address 3733 Locke Lane

City State Zip Code
Corpus Christi TX 78415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MBS Rehab Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 / /
 11 / 22 / 2011
Transaction ID : SA11AI.7061

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Iris B Williams

Mailing Address 3733 Locke Lane

City State Zip Code
Corpus Christi TX 78415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MBS Rehab Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt
 / /
 12 / 07 / 2011
Transaction ID : SA11AI.7314

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Iris B Williams

Mailing Address 3733 Locke Lane

City State Zip Code
Corpus Christi TX 78415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MBS Rehab Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 / /
 12 / 22 / 2011
Transaction ID : SA11AI.7558

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 186 OF 197
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

A. 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 Home Care

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
08 / 15 / 2011

Transaction ID : SA11AI.5401

Amount of Each Receipt this Period
15.00

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 Home Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2011

Transaction ID : SA11AI.5559

Amount of Each Receipt this Period
15.00

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 Home Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : SA11AI.5910

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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 187 OF 197
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial) A. Thomas Lloyd Wilson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2011 Transaction ID : SA11AI.6191
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 Home Care	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00

Full Name (Last, First, Middle Initial) B. Thomas Lloyd Wilson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011 Transaction ID : SA11AI.6448
Mailing Address 1703 W. 5th St Ste 700		Amount of Each Receipt this Period 40.00
City Austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	
Name of Employer Harden Healthcare Occupation Home Care	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00

Full Name (Last, First, Middle Initial) C. Thomas Lloyd Wilson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011 Transaction ID : SA11AI.6705
Mailing Address 1703 W. 5th St Ste 700		Amount of Each Receipt this Period 40.00
City Austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	
Name of Employer Harden Healthcare Occupation Home Care	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00

SUBTOTAL of Receipts This Page (optional).....▶	130.00
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 188 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

A. 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 Home Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2011
Transaction ID : SA11AI.6962
 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 Home Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : SA11AI.7218
 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 Home Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : SA11AI.7463
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 189 OF 197
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial)
A. Thomas Lloyd Wilson

Mailing Address 1703 W. 5th St Ste 700

City State Zip Code
 Austin TX 78703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Harden Healthcare Home Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 565.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : SA11AI.7704

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
B. Kendall Young

Mailing Address 3506 Oak Villa Dr

City State Zip Code
 Temple TX 76502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 TRISUN Healthcare Administartor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.7872

Amount of Each Receipt this Period
 800.00

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	840.00
TOTAL This Period (last page this line number only).....▶	43155.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial)

A. Harden Healthcare Services

Mailing Address 3307 Northland Dr Ste 430

City Austin State TX Zip Code 78731

Purpose of Disbursement
Administrative Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2011

Transaction ID : **SB21B.7843**

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

B. Harden Healthcare Services

Mailing Address 3307 Northland Dr Ste 430

City Austin State TX Zip Code 78731

Purpose of Disbursement
Administrative Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2011

Transaction ID : **SB21B.7845**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. PlainsCapital Bank

Mailing Address 919 Congress Ave Ste 100

City Austin State TX Zip Code 78701

Purpose of Disbursement
Bank fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2011

Transaction ID : **SB21B.7841**

Amount of Each Disbursement this Period

5.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

605.00

605.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		02		2011

Mailing Address 1201 L STREET NW

Transaction ID : SB23.7811

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

787.00

Purpose of Disbursement
Political Contribution

011
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. BEN CARDIN FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2011

Mailing Address PO BOX 21093

Transaction ID : SB23.7815

City CATONSVILLE State MD Zip Code 21228

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution

011
Category/ Type

Candidate Name

BENJAMIN L CARDIN

Office Sought: House Senate President
State: MD District: 03

Disbursement For: 2012 Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		02		2011

Mailing Address 120 MARYLAND AVE NE

Transaction ID : SB23.7810

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Political Contribution

011
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3787.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial)

A. DEWHURST FOR TEXAS

Mailing Address 1210 SAN ANTONIO ST STE 700

City AUSTIN State TX Zip Code 78767

Purpose of Disbursement
Political Contribution

011

Candidate Name

DAVID H DEWHURST

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2011

Transaction ID : SB23.7836

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. DEWHURST FOR TEXAS

Mailing Address 1210 SAN ANTONIO ST STE 700

City AUSTIN State TX Zip Code 78767

Purpose of Disbursement
Political Contribution

011

Candidate Name

DAVID H DEWHURST

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2011

Transaction ID : SB23.7847

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DOGGETT FOR US CONGRESS

Mailing Address PO BOX 5843

City AUSTIN State TX Zip Code 78763

Purpose of Disbursement
Political Contribution

011

Candidate Name

LLOYD DOGGETT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 25

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2011

Transaction ID : SB23.7817

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

11000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2011

Transaction ID : SB23.7834

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 02 / 2011

Transaction ID : SB23.7807

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

TOTAL This Period (last page this line number only)..... ▶

18287.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial)

A. ELECT TODD HUNTER

Mailing Address 445 CAPE HENRY

City State Zip Code
CORPUS CHRISTI TX 78412

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2011

Transaction ID : SB29.7861

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF BOB DEUELL

Mailing Address PO BOX 8609

City State Zip Code
GREENVILLE TX 75404

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2011

Transaction ID : SB29.7896

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF BOB DEUELL

Mailing Address PO BOX 8609

City State Zip Code
GREENVILLE TX 75404

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2011

Transaction ID : SB29.7898

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

2250.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN ZERWAS

Mailing Address PO BOX 852

City FULSHEAR State TX Zip Code 77441

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
10 / 06 / 2011

Transaction ID : SB29.7858

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)

B. JUAN HINOJOSA FOR TEXAS SENATE

Mailing Address PO BOX 1421

City AUSTIN State TX Zip Code 78767

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
10 / 24 / 2011

Transaction ID : SB29.7867

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)

C. KEVIN ELTIFE CAMPAIGN

Mailing Address 417 S COLLEGE

City TYLER State TX Zip Code 75702

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 29 / 2011

Transaction ID : SB29.7869

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial)

A. LANCE GOODEN FOR SENATE

Mailing Address PO BOX 2125

City TERRELL State TX Zip Code 75160

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2011

Transaction ID : SB29.7863

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. LARRY GONZALES FOR SENATE

Mailing Address PO BOX 2501

City ROUND ROCK State TX Zip Code 78680

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 13 / 2011

Transaction ID : SB29.7865

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. RICHARD RAYMOND FOR CONGRESS

Mailing Address PO BOX 450349

City LARDEO State TX Zip Code 78045

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 14 / 2011

Transaction ID : SB29.7900

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

2250.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

Full Name (Last, First, Middle Initial)

A. ROYCE WEST CAMPAIGN

Mailing Address 5787 S HAMPTON

City DALLAS State TX Zip Code 75232

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.7902

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶