

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Harden Healthcare LLC Federal PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		10823.00
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	10823.00									
(c) Total Receipts (from Line 19)	31683.00	31683.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42506.00	42506.00								
7. Total Disbursements (from Line 31)	16000.00	16000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26506.00	26506.00								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Harden Healthcare LLC Federal PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	22930.00	22930.00
(ii) Unitemized	8753.00	8753.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	31683.00	31683.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	31683.00	31683.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	31683.00	31683.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31683.00	31683.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	16000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16000.00	16000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16000.00	16000.00

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)	31683.00	31683.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31683.00	31683.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 100
	<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.	Full Name (Last, First, Middle Initial) Brianna B Braden		Date of Receipt
	Mailing Address 18821 Golddust Pass		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Pflugerville	TX	78660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4382
Name of Employer Harden Healthcare Services		Occupation Senior Vice President, Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="300.00"/>	

B.	Full Name (Last, First, Middle Initial) Brianna B Braden		Date of Receipt
	Mailing Address 18821 Golddust Pass		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Pflugerville	TX	78660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4383
Name of Employer Harden Healthcare Services		Occupation Senior Vice President, Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="400.00"/>	

C.	Full Name (Last, First, Middle Initial) Brianna B Braden		Date of Receipt
	Mailing Address 18821 Golddust Pass		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Pflugerville	TX	78660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4384
Name of Employer Harden Healthcare Services		Occupation Senior Vice President, Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="500.00"/>	

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 7 / 100
	(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"/> 15
<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.	Full Name (Last, First, Middle Initial) Brianna B Braden		Date of Receipt
	Mailing Address 18821 Golddust Pass		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Pflugerville	TX	78660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4385
Name of Employer Harden Healthcare Services		Occupation Senior Vice President, Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	<input type="text" value="100.00"/>

B.	Full Name (Last, First, Middle Initial) Brianna B Braden		Date of Receipt
	Mailing Address 18821 Golddust Pass		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Pflugerville	TX	78660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4386
Name of Employer Harden Healthcare Services		Occupation Senior Vice President, Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="700.00"/>	<input type="text" value="100.00"/>

C.	Full Name (Last, First, Middle Initial) Brianna B Braden		Date of Receipt
	Mailing Address 18821 Golddust Pass		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Pflugerville	TX	78660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4387
Name of Employer Harden Healthcare Services		Occupation Senior Vice President, Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	<input type="text" value="100.00"/>

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: (check only one)	PAGE 8 / 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Brianna B Braden		Date of Receipt
	Mailing Address 18821 Golddust Pass		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Pflugerville	TX	78660
	FEC ID number of contributing federal political committee.	C	Transaction ID: SA11AI.4388
	Amount of Each Receipt this Period		<input type="text"/>
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 ▼	
		<input type="text"/>	100.00

B.	Full Name (Last, First, Middle Initial) Brianna B Braden		Date of Receipt
	Mailing Address 18821 Golddust Pass		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Pflugerville	TX	78660
	FEC ID number of contributing federal political committee.	C	Transaction ID: SA11AI.4389
	Amount of Each Receipt this Period		<input type="text"/>
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 ▼	
		<input type="text"/>	100.00

C.	Full Name (Last, First, Middle Initial) Brianna B Braden		Date of Receipt
	Mailing Address 18821 Golddust Pass		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Pflugerville	TX	78660
	FEC ID number of contributing federal political committee.	C	Transaction ID: SA11AI.4390
	Amount of Each Receipt this Period		<input type="text"/>
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 ▼	
		<input type="text"/>	100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>
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 9 / 100
(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
							17

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

A.

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

Mailing Address 18821 Golddust Pass

City Pflugerville State TX Zip Code 78660

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.4391
Amount of Each Receipt this Period: 100.00

B.

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

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 ▼ 300.00

Date of Receipt: 02 / 15 / 2011
Transaction ID: SA11AI.4394
Amount of Each Receipt this Period: 100.00

C.

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

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 ▼ 400.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.4395
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 / 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Wendi Bray		Date of Receipt	
	Mailing Address 15705 Edenderry Dr		M M / D D / Y Y Y Y 03 / 15 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.4396
	Austin	TX	78717	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer Harden Healthcare Services		Occupation Senior Vice President, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Wendi Bray		Date of Receipt	
	Mailing Address 15705 Edenderry Dr		M M / D D / Y Y Y Y 03 / 31 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.4397
	Austin	TX	78717	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer Harden Healthcare Services		Occupation Senior Vice President, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		

C.	Full Name (Last, First, Middle Initial) Wendi Bray		Date of Receipt	
	Mailing Address 15705 Edenderry Dr		M M / D D / Y Y Y Y 04 / 15 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.4398
	Austin	TX	78717	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer Harden Healthcare Services		Occupation Senior Vice President, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00		

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 11 / 100
(check only one)

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

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

A.

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

Mailing Address 15705 Edenderry Dr

City State Zip Code
Austin TX 78717

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.4399

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 15705 Edenderry Dr

City State Zip Code
Austin TX 78717

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011

Transaction ID: SA11AI.4400

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 15705 Edenderry Dr

City State Zip Code
Austin TX 78717

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: SA11AI.4401

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 12 / 100
(check only one)

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

A.

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

Mailing Address 15705 Edenderry Dr

City State Zip Code
Austin TX 78717

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 06 / 15 / 2011
Transaction ID: SA11AI.4402
 Amount of Each Receipt this Period: 100.00

B.

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

Mailing Address 15705 Edenderry Dr

City State Zip Code
Austin TX 78717

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.4403
 Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
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: Girling Community Care
Occupation: Regional Manager, Oklahoma

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 11 / 2011
Transaction ID: SA11AI.4408
 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: PAGE 13 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2011

Transaction ID: SA11AI.4409

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
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 ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 13 / 2011

Transaction ID: SA11AI.4410

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2011

Transaction ID: SA11AI.4411

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 14 / 100		
	<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

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

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

A.	Full Name (Last, First, Middle Initial) Timothy R Brittingham	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 2807 S Gary Avenue	Transaction ID: SA11AI.4412
	City State Zip Code Tulsa OK 74114	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Girling Community Care Regional Manager, Oklahoma	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) Timothy R Brittingham	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 2807 S Gary Avenue	Transaction ID: SA11AI.4413
	City State Zip Code Tulsa OK 74114	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Girling Community Care Regional Manager, Oklahoma	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Timothy R Brittingham	Date of Receipt MM / DD / YYYY 06 / 13 / 2011
	Mailing Address 2807 S Gary Avenue	Transaction ID: SA11AI.4414
	City State Zip Code Tulsa OK 74114	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Girling Community Care Regional Manager, Oklahoma	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

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 15 / 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Timothy R Brittingham	Date of Receipt MM / DD / YYYY 06 / 28 / 2011
	Mailing Address 2807 S Gary Avenue	Transaction ID: SA11AI.4415
	City State Zip Code Tulsa OK 74114	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Girling Community Care Regional Manager, Oklahoma	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

B.	Full Name (Last, First, Middle Initial) Cathi Coney	Date of Receipt MM / DD / YYYY 03 / 07 / 2011
	Mailing Address 7207 Nine Oaks Cove	Transaction ID: SA11AI.4469
	City State Zip Code Austin TX 78759	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MBS Pharmacy Vice President, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Cathi Coney	Date of Receipt MM / DD / YYYY 03 / 22 / 2011
	Mailing Address 7207 Nine Oaks Cove	Transaction ID: SA11AI.4470
	City State Zip Code Austin TX 78759	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MBS Pharmacy Vice President, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 100
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2011

Transaction ID: SA11AI.4471

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2011

Transaction ID: SA11AI.4472

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
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 ▼ 450.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2011

Transaction ID: SA11AI.4473

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 17 / 100
(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. Full Name (Last, First, Middle Initial)
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 ▼ 500.00
Date of Receipt 05 / 23 / 2011
Transaction ID: SA11AI.4474
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
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 ▼ 550.00
Date of Receipt 06 / 07 / 2011
Transaction ID: SA11AI.4475
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
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 ▼ 600.00
Date of Receipt 06 / 22 / 2011
Transaction ID: SA11AI.4476
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 / 100
(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. Full Name (Last, First, Middle Initial)
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 ▼ 250.00

Date of Receipt: 03 / 15 / 2011
Transaction ID: SA11AI.4481
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
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 ▼ 300.00

Date of Receipt: 03 / 31 / 2011
Transaction ID: SA11AI.4482
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
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 ▼ 350.00

Date of Receipt: 04 / 15 / 2011
Transaction ID: SA11AI.4483
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 19 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 400.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.4484
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
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 ▼ 450.00

Date of Receipt: 05 / 13 / 2011
Transaction ID: SA11AI.4485
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
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 ▼ 500.00

Date of Receipt: 05 / 31 / 2011
Transaction ID: SA11AI.4486
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 20 / 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Sherrie Corso		Date of Receipt
	Mailing Address 533 Lavina Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2011
	City	State	Zip Code
	Bolingbrook	IL	60440
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4487
Name of Employer Harden Healthcare Services		Occupation Vice President, Compliance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 550.00	

B.	Full Name (Last, First, Middle Initial) Sherrie Corso		Date of Receipt
	Mailing Address 533 Lavina Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2011
	City	State	Zip Code
	Bolingbrook	IL	60440
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4488
Name of Employer Harden Healthcare Services		Occupation Vice President, Compliance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 600.00	

C.	Full Name (Last, First, Middle Initial) Gloria R Crawford		Date of Receipt
	Mailing Address 6013 Forest Shadow		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 15 / 2011
	City	State	Zip Code
	San Antonio	TX	78240
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4495
Name of Employer Girling Community Care		Occupation Regional Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 210.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 100
(check only one)

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

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

A.

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

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 ▼ 240.00

Date of Receipt: 04 / 29 / 2011

Transaction ID: SA11AI.4496

Amount of Each Receipt this Period: 30.00

B.

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

Mailing Address 6013 Forest Shadow

City San Antonio State TX Zip Code 78240

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

Name of Employer: Girling Community Care Occupation: Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 05 / 13 / 2011

Transaction ID: SA11AI.4497

Amount of Each Receipt this Period: 30.00

C.

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

Mailing Address 6013 Forest Shadow

City San Antonio State TX Zip Code 78240

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

Name of Employer: Girling Community Care Occupation: Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 31 / 2011

Transaction ID: SA11AI.4498

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: PAGE 22 / 100
(check only one)

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

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

A.

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

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 ▼ 330.00

Date of Receipt: 06 / 15 / 2011
Transaction ID: SA11AI.4499
 Amount of Each Receipt this Period: 30.00

B.

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

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 ▼ 360.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.4500
 Amount of Each Receipt this Period: 30.00

C.

Full Name (Last, First, Middle Initial)
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 ▼ 250.00

Date of Receipt: 03 / 15 / 2011
Transaction ID: SA11AI.4505
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 110.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 100
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 300.00

Date of Receipt: 03 / 31 / 2011
Transaction ID: SA11AI.4506
 Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
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 ▼ 350.00

Date of Receipt: 04 / 15 / 2011
Transaction ID: SA11AI.4507
 Amount of Each Receipt this Period: 50.00

C.

Full Name (Last, First, Middle Initial)
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 ▼ 400.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.4508
 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 24 / 100

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Lisa Lynn Cupps

Mailing Address 2450 CR 253

City	State	Zip Code
Comanche	TX	76442

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

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

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.4509

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)

Lisa Lynn Cupps

Mailing Address 2450 CR 253

City	State	Zip Code
Comanche	TX	76442

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

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

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4510

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)

Lisa Lynn Cupps

Mailing Address 2450 CR 253

City	State	Zip Code
Comanche	TX	76442

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

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

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.4511

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 25 / 100

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Lisa Lynn Cupps

Mailing Address 2450 CR 253

City State Zip Code
Comanche TX 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 ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.4512

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

James Wayne Douglas

Mailing Address 4701 Circle Oak Cove

City State Zip Code
Austin TX 78749

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

Name of Employer Occupation
Girling Community Care President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.4518

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

James Wayne Douglas

Mailing Address 4701 Circle Oak Cove

City State Zip Code
Austin TX 78749

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

Name of Employer Occupation
Girling Community Care President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4519

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 100
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

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

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 ▼ 500.00

Date of Receipt: 03 / 15 / 2011

Transaction ID: SA11AI.4520

Amount of Each Receipt this Period: 100.00

B.

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

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 ▼ 600.00

Date of Receipt: 03 / 31 / 2011

Transaction ID: SA11AI.4521

Amount of Each Receipt this Period: 100.00

C.

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

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 ▼ 700.00

Date of Receipt: 04 / 15 / 2011

Transaction ID: SA11AI.4522

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 27 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

City State Zip Code
Austin TX 78749

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

Name of Employer Occupation
Girling Community Care President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.4523

Amount of Each Receipt this Period
100.00

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

City State Zip Code
Austin TX 78749

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

Name of Employer Occupation
Girling Community Care President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011

Transaction ID: SA11AI.4524

Amount of Each Receipt this Period
100.00

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

City State Zip Code
Austin TX 78749

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

Name of Employer Occupation
Girling Community Care President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: SA11AI.4525

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 28 / 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) James Wayne Douglas		Date of Receipt
	Mailing Address 4701 Circle Oak Cove		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Austin	TX	78749
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4526
Name of Employer Girling Community Care		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1100.00	<input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) James Wayne Douglas		Date of Receipt
	Mailing Address 4701 Circle Oak Cove		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Austin	TX	78749
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4527
Name of Employer Girling Community Care		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1200.00	<input type="text"/> 100.00

C.	Full Name (Last, First, Middle Initial) Mark Duncan		Date of Receipt
	Mailing Address 799 W Bartlett		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Buda	TX	78610
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4530
Name of Employer TRISUN Healthcare		Occupation Vice President, Operations, North	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 225.00	<input type="text"/> 75.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 275.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Mark Duncan	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 799 W Bartlett	Transaction ID: SA11AI.4531
	City State Zip Code Buda TX 78610	Amount of Each Receipt this Period 75.00
	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 ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Mark Duncan	Date of Receipt MM / DD / YYYY 03 / 15 / 2011
	Mailing Address 799 W Bartlett	Transaction ID: SA11AI.4532
	City State Zip Code Buda TX 78610	Amount of Each Receipt this Period 75.00
	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 ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Mark Duncan	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 799 W Bartlett	Transaction ID: SA11AI.4533
	City State Zip Code Buda TX 78610	Amount of Each Receipt this Period 75.00
	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 ▼ 450.00	

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 30 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 799 W Bartlett

City State Zip Code
Buda TX 78610

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.4534

Amount of Each Receipt this Period
75.00

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

Mailing Address 799 W Bartlett

City State Zip Code
Buda TX 78610

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.4535

Amount of Each Receipt this Period
75.00

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

Mailing Address 799 W Bartlett

City State Zip Code
Buda TX 78610

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.4536

Amount of Each Receipt this Period
75.00

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

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

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

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

FOR LINE NUMBER: PAGE 31 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 799 W Bartlett

City State Zip Code
Buda TX 78610

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: MM / DD / YYYY
05 / 31 / 2011

Transaction ID: SA11AI.4537

Amount of Each Receipt this Period: 75.00

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

Mailing Address 799 W Bartlett

City State Zip Code
Buda TX 78610

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt: MM / DD / YYYY
06 / 15 / 2011

Transaction ID: SA11AI.4538

Amount of Each Receipt this Period: 75.00

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

Mailing Address 799 W Bartlett

City State Zip Code
Buda TX 78610

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.4539

Amount of Each Receipt this Period: 75.00

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

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

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

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

FOR LINE NUMBER: PAGE 32 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 824 Stonewall Ridge

City Austin State TX Zip Code 78746

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

Name of Employer Harden Healthcare Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 15 / 2011

Transaction ID: SA11AI.4542

Amount of Each Receipt this Period 100.00

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

Mailing Address 824 Stonewall Ridge

City Austin State TX Zip Code 78746

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

Name of Employer Harden Healthcare Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 28 / 2011

Transaction ID: SA11AI.4543

Amount of Each Receipt this Period 100.00

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

Mailing Address 824 Stonewall Ridge

City Austin State TX Zip Code 78746

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

Name of Employer Harden Healthcare Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 15 / 2011

Transaction ID: SA11AI.4544

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 33 / 100
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Scott Ellyson		Date of Receipt MM / DD / YYYY 03 / 31 / 2011
Mailing Address 824 Stonewall Ridge		Transaction ID: SA11AI.4545
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Harden Healthcare	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Scott Ellyson		Date of Receipt MM / DD / YYYY 04 / 15 / 2011
Mailing Address 824 Stonewall Ridge		Transaction ID: SA11AI.4546
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Harden Healthcare	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

C.

Full Name (Last, First, Middle Initial) Scott Ellyson		Date of Receipt MM / DD / YYYY 04 / 29 / 2011
Mailing Address 824 Stonewall Ridge		Transaction ID: SA11AI.4547
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Harden Healthcare	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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 34 / 100
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial) Scott Ellyson		Date of Receipt MM / DD / YYYY 05 / 13 / 2011	
Mailing Address 824 Stonewall Ridge		Transaction ID: SA11AI.4548	
City Austin	State TX	Zip Code 78746	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Harden Healthcare	Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

B.

Full Name (Last, First, Middle Initial) Scott Ellyson		Date of Receipt MM / DD / YYYY 05 / 31 / 2011	
Mailing Address 824 Stonewall Ridge		Transaction ID: SA11AI.4549	
City Austin	State TX	Zip Code 78746	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Harden Healthcare	Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

C.

Full Name (Last, First, Middle Initial) Scott Ellyson		Date of Receipt MM / DD / YYYY 06 / 15 / 2011	
Mailing Address 824 Stonewall Ridge		Transaction ID: SA11AI.4550	
City Austin	State TX	Zip Code 78746	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Harden Healthcare	Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

SUBTOTAL of Receipts This Page (optional)	▶	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 35 / 100
(check only one)

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

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

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

A.

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

Mailing Address 824 Stonewall Ridge

City Austin State TX Zip Code 78746

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

Name of Employer Harden Healthcare Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2011

Transaction ID: SA11AI.4551

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2011

Transaction ID: SA11AI.4556

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: SA11AI.4557

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: PAGE 36 / 100
(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. Full Name (Last, First, Middle Initial)
Tricia Fox

Mailing Address P O Box 190

City State Zip Code
Florence TX 76527

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

Name of Employer Occupation
Girling Home Health Vice President, Rehab

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.4558

Amount of Each Receipt this Period
50.00

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

Mailing Address P O Box 190

City State Zip Code
Florence TX 76527

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

Name of Employer Occupation
Girling Home Health Vice President, Rehab

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.4559

Amount of Each Receipt this Period
50.00

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

Mailing Address P O Box 190

City State Zip Code
Florence TX 76527

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

Name of Employer Occupation
Girling Home Health Vice President, Rehab

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11AI.4560

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 37 / 100
(check only one)

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

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

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

A.

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

Mailing Address P O Box 190

City State Zip Code
Florence TX 76527

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

Name of Employer Occupation
Girling Home Health Vice President, Rehab

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: SA11AI.4561

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address P O Box 190

City State Zip Code
Florence TX 76527

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

Name of Employer Occupation
Girling Home Health Vice President, Rehab

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: SA11AI.4562

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address P O Box 190

City State Zip Code
Florence TX 76527

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

Name of Employer Occupation
Girling Home Health Vice President, Rehab

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.4563

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 38 / 100
(check only one)

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

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

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

A.

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

Mailing Address 2211 Sunny Slope Drive

City State Zip Code
Austin TX 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 ▼ 225.00

Date of Receipt: 02 / 15 / 2011
Transaction ID: SA11AI.4578
 Amount of Each Receipt this Period: 75.00

B.

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

Mailing Address 2211 Sunny Slope Drive

City State Zip Code
Austin TX 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 ▼ 300.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.4579
 Amount of Each Receipt this Period: 75.00

C.

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

Mailing Address 2211 Sunny Slope Drive

City State Zip Code
Austin TX 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 ▼ 375.00

Date of Receipt: 03 / 15 / 2011
Transaction ID: SA11AI.4580
 Amount of Each Receipt this Period: 75.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 100
(check only one)

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

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

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

A.

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

Mailing Address 2211 Sunny Slope Drive

City Austin State TX Zip Code 78703

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 03 / 31 / 2011
Transaction ID: SA11AI.4581
 Amount of Each Receipt this Period: 75.00

B.

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

Mailing Address 2211 Sunny Slope Drive

City Austin State TX Zip Code 78703

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 04 / 15 / 2011
Transaction ID: SA11AI.4582
 Amount of Each Receipt this Period: 75.00

C.

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

Mailing Address 2211 Sunny Slope Drive

City Austin State TX Zip Code 78703

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.4583
 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 40 / 100
	<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.	Full Name (Last, First, Middle Initial) Benjamin Hanson	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 2211 Sunny Slope Drive	Transaction ID: SA11AI.4584
	City State Zip Code Austin TX 78703	Amount of Each Receipt this Period 75.00
	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 ▼ 675.00	

B.	Full Name (Last, First, Middle Initial) Benjamin Hanson	Date of Receipt MM / DD / YYYY 05 / 31 / 2011
	Mailing Address 2211 Sunny Slope Drive	Transaction ID: SA11AI.4585
	City State Zip Code Austin TX 78703	Amount of Each Receipt this Period 75.00
	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 ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Benjamin Hanson	Date of Receipt MM / DD / YYYY 06 / 15 / 2011
	Mailing Address 2211 Sunny Slope Drive	Transaction ID: SA11AI.4586
	City State Zip Code Austin TX 78703	Amount of Each Receipt this Period 75.00
	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 ▼ 825.00	

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 41 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 900.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.4587
 Amount of Each Receipt this Period 75.00

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

Mailing Address 5925 West Lake Drive

City Sandia State TX Zip Code 78383

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

Name of Employer TRISUN Healthcare Occupation Chief Operations Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 15 / 2011
Transaction ID: SA11AI.4590
 Amount of Each Receipt this Period 100.00

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

Mailing Address 5925 West Lake Drive

City Sandia State TX Zip Code 78383

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

Name of Employer TRISUN Healthcare Occupation Chief Operations Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 28 / 2011
Transaction ID: SA11AI.4591
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 275.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 100
(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. Full Name (Last, First, Middle Initial)
James Hardee

Mailing Address 5925 West Lake Drive

City Sandia State TX Zip Code 78383

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

Name of Employer TRISUN Healthcare Occupation Chief Operations Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 15 / 2011
Transaction ID: SA11AI.4592
 Amount of Each Receipt this Period: 100.00

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

Mailing Address 5925 West Lake Drive

City Sandia State TX Zip Code 78383

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

Name of Employer TRISUN Healthcare Occupation Chief Operations Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 03 / 31 / 2011
Transaction ID: SA11AI.4593
 Amount of Each Receipt this Period: 100.00

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

Mailing Address 5925 West Lake Drive

City Sandia State TX Zip Code 78383

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

Name of Employer TRISUN Healthcare Occupation Chief Operations Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 04 / 15 / 2011
Transaction ID: SA11AI.4594
 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 43 / 100
(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. Full Name (Last, First, Middle Initial)
James Hardee
Mailing Address 5925 West Lake Drive
City Sandia State TX Zip Code 78383
FEC ID number of contributing federal political committee. **C**
Name of Employer TRISUN Healthcare Occupation Chief Operations Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00
Date of Receipt 04 / 29 / 2011
Transaction ID: SA11AI.4595
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
James Hardee
Mailing Address 5925 West Lake Drive
City Sandia State TX Zip Code 78383
FEC ID number of contributing federal political committee. **C**
Name of Employer TRISUN Healthcare Occupation Chief Operations Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00
Date of Receipt 05 / 13 / 2011
Transaction ID: SA11AI.4596
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
James Hardee
Mailing Address 5925 West Lake Drive
City Sandia State TX Zip Code 78383
FEC ID number of contributing federal political committee. **C**
Name of Employer TRISUN Healthcare Occupation Chief Operations Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 05 / 31 / 2011
Transaction ID: SA11AI.4597
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 44 / 100
(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.

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

Mailing Address 5925 West Lake Drive

City State Zip Code
Sandia TX 78383

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

Name of Employer Occupation
TRISUN Healthcare Chief Operations Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: SA11AI.4598

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 5925 West Lake Drive

City State Zip Code
Sandia TX 78383

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

Name of Employer Occupation
TRISUN Healthcare Chief Operations Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.4599

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dana Marie Hasley

Mailing Address 11855 N 207 E Avenue

City State Zip Code
Claremore OK 74019

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

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2011

Transaction ID: SA11AI.4604

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: PAGE 45 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dana Marie Hasley

Mailing Address 11855 N 207 E Avenue

City State Zip Code
Claremore OK 74019

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

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	1	1

Transaction ID: SA11AI.4605

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dana Marie Hasley

Mailing Address 11855 N 207 E Avenue

City State Zip Code
Claremore OK 74019

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

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	3	/	2	0	1	1

Transaction ID: SA11AI.4606

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dana Marie Hasley

Mailing Address 11855 N 207 E Avenue

City State Zip Code
Claremore OK 74019

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

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	1	1

Transaction ID: SA11AI.4607

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 46 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dana Marie Hasley

Mailing Address 11855 N 207 E Avenue

City State Zip Code
Claremore OK 74019

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

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011

Transaction ID: SA11AI.4608

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dana Marie Hasley

Mailing Address 11855 N 207 E Avenue

City State Zip Code
Claremore OK 74019

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

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2011

Transaction ID: SA11AI.4609

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dana Marie Hasley

Mailing Address 11855 N 207 E Avenue

City State Zip Code
Claremore OK 74019

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

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: SA11AI.4610

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 47 / 100
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dana Marie Hasley

Mailing Address 11855 N 207 E Avenue

City State Zip Code
Claremore OK 74019

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

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2011

Transaction ID: SA11AI.4611

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 6112 Jumano Lane

City State Zip Code
Austin TX 78749

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

Name of Employer Occupation
TRISUN Healthcare Vice President, Professional Services

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: SA11AI.4616

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 6112 Jumano Lane

City State Zip Code
Austin TX 78749

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

Name of Employer Occupation
TRISUN Healthcare Vice President, Professional Services

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2011

Transaction ID: SA11AI.4617

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 48 / 100
	<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.	Full Name (Last, First, Middle Initial) Robin J Hayes		Date of Receipt
	Mailing Address 6112 Jumano Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 15 / 2011
	City	State	Zip Code
	Austin	TX	78749
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4618
Name of Employer TRISUN Healthcare		Occupation Vice President, Professional Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) Robin J Hayes		Date of Receipt
	Mailing Address 6112 Jumano Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 29 / 2011
	City	State	Zip Code
	Austin	TX	78749
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4619
Name of Employer TRISUN Healthcare		Occupation Vice President, Professional Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) Robin J Hayes		Date of Receipt
	Mailing Address 6112 Jumano Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 13 / 2011
	City	State	Zip Code
	Austin	TX	78749
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4620
Name of Employer TRISUN Healthcare		Occupation Vice President, Professional Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 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 49 / 100
	<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.	Full Name (Last, First, Middle Initial) Robin J Hayes		Date of Receipt
	Mailing Address 6112 Jumano Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 1 / 2 0 1 1
	City	State	Zip Code
	Austin	TX	78749
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4621
Name of Employer TRISUN Healthcare		Occupation Vice President, Professional Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) Robin J Hayes		Date of Receipt
	Mailing Address 6112 Jumano Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 1 5 / 2 0 1 1
	City	State	Zip Code
	Austin	TX	78749
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4622
Name of Employer TRISUN Healthcare		Occupation Vice President, Professional Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) Robin J Hayes		Date of Receipt
	Mailing Address 6112 Jumano Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 3 0 / 2 0 1 1
	City	State	Zip Code
	Austin	TX	78749
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4623
Name of Employer TRISUN Healthcare		Occupation Vice President, Professional Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 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 50 / 100
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Kelly Ann Jalowiec

Mailing Address 1410 W Fillmore St

City State Zip Code
Chicago IL 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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: SA11AI.4669

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Kelly Ann Jalowiec

Mailing Address 1410 W Fillmore St

City State Zip Code
Chicago IL 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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2011

Transaction ID: SA11AI.4670

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Kelly Ann Jalowiec

Mailing Address 1410 W Fillmore St

City State Zip Code
Chicago IL 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 ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: SA11AI.4671

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 51 / 100
	(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"/> 15
<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.	Full Name (Last, First, Middle Initial) Kelly Ann Jalowiec		Date of Receipt MM / DD / YYYY 04 / 29 / 2011		
	Mailing Address 1410 W Fillmore St		Transaction ID: SA11AI.4672		
	City Chicago	State IL	Zip Code 60607	Amount of Each Receipt this Period 50.00	
	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 ▼ 400.00			

B.	Full Name (Last, First, Middle Initial) Kelly Ann Jalowiec		Date of Receipt MM / DD / YYYY 05 / 13 / 2011		
	Mailing Address 1410 W Fillmore St		Transaction ID: SA11AI.4673		
	City Chicago	State IL	Zip Code 60607	Amount of Each Receipt this Period 50.00	
	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 ▼ 450.00			

C.	Full Name (Last, First, Middle Initial) Kelly Ann Jalowiec		Date of Receipt MM / DD / YYYY 05 / 31 / 2011		
	Mailing Address 1410 W Fillmore St		Transaction ID: SA11AI.4674		
	City Chicago	State IL	Zip Code 60607	Amount of Each Receipt this Period 50.00	
	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 ▼ 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: PAGE 52 / 100
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Kelly Ann Jalowiec

Mailing Address 1410 W Fillmore St

City State Zip Code
Chicago IL 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 ▼ 550.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: SA11AI.4675

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Kelly Ann Jalowiec

Mailing Address 1410 W Fillmore St

City State Zip Code
Chicago IL 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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.4676

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 285 E Summit Dr

City State Zip Code
Wimberley TX 78676

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2011

Transaction ID: SA11AI.4702

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 53 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

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

Mailing Address 285 E Summit Dr

City State Zip Code
Wimberley TX 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 ▼ 375.00

Date of Receipt: MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11AI.4703

Amount of Each Receipt this Period: 125.00

B.

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

Mailing Address 285 E Summit Dr

City State Zip Code
Wimberley TX 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 ▼ 500.00

Date of Receipt: MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.4704

Amount of Each Receipt this Period: 125.00

C.

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

Mailing Address 285 E Summit Dr

City State Zip Code
Wimberley TX 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 ▼ 625.00

Date of Receipt: MM / DD / YYYY
03 / 15 / 2011

Transaction ID: SA11AI.4705

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: PAGE 54 / 100
(check only one)

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

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

A.

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

Mailing Address 285 E Summit Dr

City State Zip Code
Wimberley TX 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 ▼ 750.00

Date of Receipt: 03 / 31 / 2011
Transaction ID: SA11AI.4706
 Amount of Each Receipt this Period: 125.00

B.

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

Mailing Address 285 E Summit Dr

City State Zip Code
Wimberley TX 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 ▼ 875.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.4707
 Amount of Each Receipt this Period: 125.00

C.

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

Mailing Address 285 E Summit Dr

City State Zip Code
Wimberley TX 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 ▼ 1000.00

Date of Receipt: 05 / 13 / 2011
Transaction ID: SA11AI.4708
 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: PAGE 55 / 100
(check only one)

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

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

A.

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

Mailing Address 285 E Summit Dr

City State Zip Code
Wimberley TX 78676

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt: 05 / 31 / 2011
Transaction ID: SA11AI.4709
 Amount of Each Receipt this Period: 125.00

B.

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

Mailing Address 285 E Summit Dr

City State Zip Code
Wimberley TX 78676

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 06 / 15 / 2011
Transaction ID: SA11AI.4710
 Amount of Each Receipt this Period: 125.00

C.

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

Mailing Address 285 E Summit Dr

City State Zip Code
Wimberley TX 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 ▼ 1375.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.4711
 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: PAGE 56 / 100
(check only one)

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

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

A.

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

Mailing Address 9513 Prescott Drive

City State Zip Code
Austin TX 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 ▼ 300.00

Date of Receipt: 02 / 15 / 2011
Transaction ID: SA11AI.4719
Amount of Each Receipt this Period: 100.00

B.

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

Mailing Address 9513 Prescott Drive

City State Zip Code
Austin TX 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 ▼ 400.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.4720
Amount of Each Receipt this Period: 100.00

C.

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

Mailing Address 9513 Prescott Drive

City State Zip Code
Austin TX 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 ▼ 500.00

Date of Receipt: 03 / 15 / 2011
Transaction ID: SA11AI.4721
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 57 / 100
	<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.	Full Name (Last, First, Middle Initial) Kimberly A Layton		Date of Receipt
	Mailing Address 9513 Prescott Drive		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Austin	TX	78748
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4722
Name of Employer Harden Healthcare		Occupation President, Leadership Development Inst	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	<input type="text" value="100.00"/>

B.	Full Name (Last, First, Middle Initial) Kimberly A Layton		Date of Receipt
	Mailing Address 9513 Prescott Drive		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Austin	TX	78748
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4723
Name of Employer Harden Healthcare		Occupation President, Leadership Development Inst	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="700.00"/>	<input type="text" value="100.00"/>

C.	Full Name (Last, First, Middle Initial) Kimberly A Layton		Date of Receipt
	Mailing Address 9513 Prescott Drive		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Austin	TX	78748
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4724
Name of Employer Harden Healthcare		Occupation President, Leadership Development Inst	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	<input type="text" value="100.00"/>

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 58 / 100
(check only one)

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

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

A.

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

Mailing Address 9513 Prescott Drive

City Austin State TX Zip Code 78748

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

Name of Employer Harden Healthcare Occupation President, Leadership Development Inst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11AI.4725

Amount of Each Receipt this Period 100.00

B.

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

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 ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.4726

Amount of Each Receipt this Period 100.00

C.

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

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 ▼ 1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.4727

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 59 / 100
(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. Full Name (Last, First, Middle Initial)
Kimberly A Layton

Mailing Address 9513 Prescott Drive

City State Zip Code
Austin TX 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 ▼ 1200.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.4728
Amount of Each Receipt this Period: 100.00

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

Mailing Address 1620 Elderhill Road

City State Zip Code
Driftwood TX 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 ▼ 250.00

Date of Receipt: 03 / 15 / 2011
Transaction ID: SA11AI.4733
Amount of Each Receipt this Period: 50.00

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

Mailing Address 1620 Elderhill Road

City State Zip Code
Driftwood TX 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 ▼ 300.00

Date of Receipt: 03 / 31 / 2011
Transaction ID: SA11AI.4734
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 60 / 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) George Ledbetter		Date of Receipt	
	Mailing Address 1620 Elderhill Road		M M / D D / Y Y Y Y Y 04 / 15 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.4735
	Driftwood	TX	78619	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
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 ▼		
		350.00		

B.	Full Name (Last, First, Middle Initial) George Ledbetter		Date of Receipt	
	Mailing Address 1620 Elderhill Road		M M / D D / Y Y Y Y Y 04 / 29 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.4736
	Driftwood	TX	78619	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
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 ▼		
		400.00		

C.	Full Name (Last, First, Middle Initial) George Ledbetter		Date of Receipt	
	Mailing Address 1620 Elderhill Road		M M / D D / Y Y Y Y Y 05 / 13 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.4737
	Driftwood	TX	78619	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer Girling Community Care		Occupation General Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		450.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 100
(check only one)

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

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

A.

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

Mailing Address 1620 Elderhill Road

City State Zip Code
Driftwood TX 78619

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

Name of Employer Occupation
Girling Community Care General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: SA11AI.4738

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 1620 Elderhill Road

City State Zip Code
Driftwood TX 78619

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

Name of Employer Occupation
Girling Community Care General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: SA11AI.4739

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 1620 Elderhill Road

City State Zip Code
Driftwood TX 78619

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

Name of Employer Occupation
Girling Community Care General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.4740

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 62 / 100
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Lewis N Little

Mailing Address 2525 Jarratt Ave

City Austin State TX Zip Code 78703

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

Name of Employer Harden Healthcare Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 01 / 14 / 2011
Transaction ID: SA11AI.4741
 Amount of Each Receipt this Period: 750.00

B.

Full Name (Last, First, Middle Initial)
Lewis N Little

Mailing Address 2525 Jarratt Ave

City Austin State TX Zip Code 78703

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

Name of Employer Harden Healthcare Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 01 / 31 / 2011
Transaction ID: SA11AI.4742
 Amount of Each Receipt this Period: 750.00

C.

Full Name (Last, First, Middle Initial)
Lewis N Little

Mailing Address 2525 Jarratt Ave

City Austin State TX Zip Code 78703

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

Name of Employer Harden Healthcare Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt: 02 / 15 / 2011
Transaction ID: SA11AI.4743
 Amount of Each Receipt this Period: 750.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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 63 / 100
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Lewis N Little

Mailing Address 2525 Jarratt Ave

City Austin State TX Zip Code 78703

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

Name of Employer Harden Healthcare Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.4744
 Amount of Each Receipt this Period: 750.00

B.

Full Name (Last, First, Middle Initial)
Lewis N Little

Mailing Address 2525 Jarratt Ave

City Austin State TX Zip Code 78703

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

Name of Employer Harden Healthcare Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt: 03 / 15 / 2011
Transaction ID: SA11AI.4745
 Amount of Each Receipt this Period: 750.00

C.

Full Name (Last, First, Middle Initial)
Lewis N Little

Mailing Address 2525 Jarratt Ave

City Austin State TX Zip Code 78703

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

Name of Employer Harden Healthcare Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt: 03 / 31 / 2011
Transaction ID: SA11AI.4746
 Amount of Each Receipt this Period: 750.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 / 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Lewis N Little		Date of Receipt MM / DD / YYYY 04 / 15 / 2011		
	Mailing Address 2525 Jarratt Ave		Transaction ID: SA11AI.4747		
	City Austin	State TX	Zip Code 78703	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Harden Healthcare	Occupation Chief Executive Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Maria A MacKeil		Date of Receipt MM / DD / YYYY 05 / 31 / 2011		
	Mailing Address 8820 Colberg Dr		Transaction ID: SA11AI.4769		
	City Austin	State TX	Zip Code 78749	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	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) ▼		

C.	Full Name (Last, First, Middle Initial) Maria A MacKeil		Date of Receipt MM / DD / YYYY 06 / 15 / 2011		
	Mailing Address 8820 Colberg Dr		Transaction ID: SA11AI.4770		
	City Austin	State TX	Zip Code 78749	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	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) ▼		

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: PAGE 65 / 100

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2011

Transaction ID: SA11AI.4771

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
Michael A McMaude

Mailing Address 640 E 3rd Ave

City State Zip Code
Durango CO 81301-5253

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

Name of Employer Occupation
Harden Healthcare Chief Operating Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 15 / 2011

Transaction ID: SA11AI.4781

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Michael A McMaude

Mailing Address 640 E 3rd Ave

City State Zip Code
Durango CO 81301-5253

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

Name of Employer Occupation
Harden Healthcare Chief Operating Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: SA11AI.4782

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 100
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Michael A McMaude

Mailing Address 640 E 3rd Ave

City Durango State CO Zip Code 81301-5253

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

Name of Employer Harden Healthcare Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 15 / 2011
Transaction ID: SA11AI.4783
 Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
Michael A McMaude

Mailing Address 640 E 3rd Ave

City Durango State CO Zip Code 81301-5253

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

Name of Employer Harden Healthcare Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.4784
 Amount of Each Receipt this Period: 50.00

C.

Full Name (Last, First, Middle Initial)
Michael A McMaude

Mailing Address 640 E 3rd Ave

City Durango State CO Zip Code 81301-5253

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

Name of Employer Harden Healthcare Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 05 / 13 / 2011
Transaction ID: SA11AI.4785
 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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 67 / 100
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michael A McMaude		Date of Receipt
	Mailing Address 640 E 3rd Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 31 / 2011
	City	State	Zip Code
	Durango	CO	81301-5253
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4786
Name of Employer Harden Healthcare		Occupation Chief Operating Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) Michael A McMaude		Date of Receipt
	Mailing Address 640 E 3rd Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 15 / 2011
	City	State	Zip Code
	Durango	CO	81301-5253
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4787
Name of Employer Harden Healthcare		Occupation Chief Operating Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) Michael A McMaude		Date of Receipt
	Mailing Address 640 E 3rd Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2011
	City	State	Zip Code
	Durango	CO	81301-5253
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4788
Name of Employer Harden Healthcare		Occupation Chief Operating Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 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 68 / 100
	(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"/> 15
<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.	Full Name (Last, First, Middle Initial) Kenneth Meyers		Date of Receipt
	Mailing Address 6118 W Louise Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 15 / 2011
	City	State	Zip Code
	Glendale	AZ	85310
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4793
Name of Employer Girling Home Health		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) Kenneth Meyers		Date of Receipt
	Mailing Address 6118 W Louise Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 31 / 2011
	City	State	Zip Code
	Glendale	AZ	85310
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4794
Name of Employer Girling Home Health		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) Kenneth Meyers		Date of Receipt
	Mailing Address 6118 W Louise Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 15 / 2011
	City	State	Zip Code
	Glendale	AZ	85310
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4795
Name of Employer Girling Home Health		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 350.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 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 69 / 100

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kenneth Meyers		Date of Receipt MM / DD / YYYY 04 / 29 / 2011		
	Mailing Address 6118 W Louise Drive		Transaction ID: SA11AI.4796		
	City Glendale	State AZ	Zip Code 85310	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Girling Home Health	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

B.	Full Name (Last, First, Middle Initial) Kenneth Meyers		Date of Receipt MM / DD / YYYY 05 / 13 / 2011		
	Mailing Address 6118 W Louise Drive		Transaction ID: SA11AI.4797		
	City Glendale	State AZ	Zip Code 85310	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Girling Home Health	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

C.	Full Name (Last, First, Middle Initial) Kenneth Meyers		Date of Receipt MM / DD / YYYY 05 / 31 / 2011		
	Mailing Address 6118 W Louise Drive		Transaction ID: SA11AI.4798		
	City Glendale	State AZ	Zip Code 85310	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Girling Home Health	Occupation Vice President			
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: PAGE 70 / 100
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Kenneth Meyers

Mailing Address 6118 W Louise Drive

City State Zip Code
Glendale AZ 85310

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

Name of Employer Occupation
Girling Home Health Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: SA11AI.4799

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 5404 Agatha Circle

City State Zip Code
Austin TX 78724

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

Name of Employer Occupation
Harden Healthcare Services PMO Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: SA11AI.4804

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 5404 Agatha Circle

City State Zip Code
Austin TX 78724

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

Name of Employer Occupation
Harden Healthcare Services PMO Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2011

Transaction ID: SA11AI.4805

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 71 / 100
	<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.	Full Name (Last, First, Middle Initial) Deborah Morgan		Date of Receipt
	Mailing Address 5404 Agatha Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 29 / 2011
	City	State	Zip Code
	Austin	TX	78724
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4806
Name of Employer Harden Healthcare Services		Occupation PMO Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	50.00

B.	Full Name (Last, First, Middle Initial) Deborah Morgan		Date of Receipt
	Mailing Address 5404 Agatha Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 13 / 2011
	City	State	Zip Code
	Austin	TX	78724
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4807
Name of Employer Harden Healthcare Services		Occupation PMO Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	50.00

C.	Full Name (Last, First, Middle Initial) Deborah Morgan		Date of Receipt
	Mailing Address 5404 Agatha Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 31 / 2011
	City	State	Zip Code
	Austin	TX	78724
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4808
Name of Employer Harden Healthcare Services		Occupation PMO Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	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 / 100
	(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"/> 15
<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.	Full Name (Last, First, Middle Initial) Deborah Morgan		Date of Receipt																					
	Mailing Address 5404 Agatha Circle		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		1	5		2	0	1	1														
	City State Zip Code Austin TX 78724		Transaction ID: SA11AI.4809																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
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 ▼ 500.00		50.00																						

B.	Full Name (Last, First, Middle Initial) Deborah Morgan		Date of Receipt																					
	Mailing Address 5404 Agatha Circle		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		3	0		2	0	1	1														
	City State Zip Code Austin TX 78724		Transaction ID: SA11AI.4810																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
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 ▼ 550.00		50.00																						

C.	Full Name (Last, First, Middle Initial) Joseph Odom		Date of Receipt																					
	Mailing Address 13020 Humphrey Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		3	1		2	0	1	1														
	City State Zip Code Austin TX 78729		Transaction ID: SA11AI.4815																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Harden Healthcare Services Occupation: IT Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		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 73 / 100

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
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: Harden Healthcare Services
Occupation: IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
04 / 15 / 2011

Transaction ID: SA11AI.4816

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Joseph Odom

Mailing Address 13020 Humphrey Drive

City State Zip Code
Austin TX 78729

FEC ID number of contributing federal political committee. C

Name of Employer: Harden Healthcare Services
Occupation: IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y
04 / 29 / 2011

Transaction ID: SA11AI.4817

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Joseph Odom

Mailing Address 13020 Humphrey Drive

City State Zip Code
Austin TX 78729

FEC ID number of contributing federal political committee. C

Name of Employer: Harden Healthcare Services
Occupation: IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y
05 / 13 / 2011

Transaction ID: SA11AI.4818

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 74 / 100
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
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: Harden Healthcare Services
Occupation: IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: SA11AI.4819

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Joseph Odom

Mailing Address 13020 Humphrey Drive

City State Zip Code
Austin TX 78729

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

Name of Employer: Harden Healthcare Services
Occupation: IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: SA11AI.4820

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Joseph Odom

Mailing Address 13020 Humphrey Drive

City State Zip Code
Austin TX 78729

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

Name of Employer: Harden Healthcare Services
Occupation: IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.4821

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 75 / 100
(check only one)

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

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

A.

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

Mailing Address 3507 Abrazo

City State Zip Code
San Antonio TX 78247

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

Name of Employer Occupation
TRISUN Healthcare Regional Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.4830

Amount of Each Receipt this Period

25.00

B.

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

Mailing Address 3507 Abrazo

City State Zip Code
San Antonio TX 78247

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

Name of Employer Occupation
TRISUN Healthcare Regional Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4831

Amount of Each Receipt this Period

25.00

C.

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

Mailing Address 3507 Abrazo

City State Zip Code
San Antonio TX 78247

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

Name of Employer Occupation
TRISUN Healthcare Regional Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.4832

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 76 / 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 300.00

Date of Receipt 06 / 30 / 2011

Transaction ID: SA11AI.4833

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
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 ▼ 225.00

Date of Receipt 05 / 13 / 2011

Transaction ID: SA11AI.4845

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
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 ▼ 250.00

Date of Receipt 05 / 31 / 2011

Transaction ID: SA11AI.4846

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 77 / 100
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<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.	Full Name (Last, First, Middle Initial) Mark Pinckard	Date of Receipt MM / DD / YYYY 06 / 15 / 2011
	Mailing Address 2913 Richfield Landing	Transaction ID: SA11AI.4847
	City State Zip Code Pflugerville TX 78660	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Girling Community Care Financial Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) Mark Pinckard	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 2913 Richfield Landing	Transaction ID: SA11AI.4848
	City State Zip Code Pflugerville TX 78660	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Girling Community Care Financial Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Robin A Polk	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 201 CR 326A	Transaction ID: SA11AI.4857
	City State Zip Code Rosebud TX 76570	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Girling Community Care Regional Manager, Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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 78 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 250.00
Date of Receipt: 05 / 31 / 2011
Transaction ID: SA11AI.4858
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
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 ▼ 275.00
Date of Receipt: 06 / 15 / 2011
Transaction ID: SA11AI.4859
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
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 ▼ 300.00
Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.4860
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 79 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2818 Fountain Grove Cove

City State Zip Code
Round Rock TX 78665

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

Name of Employer Occupation
MBS Rehab Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2011

Transaction ID: SA11AI.4866

Amount of Each Receipt this Period
40.00

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

Mailing Address 2818 Fountain Grove Cove

City State Zip Code
Round Rock TX 78665

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

Name of Employer Occupation
MBS Rehab Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2011

Transaction ID: SA11AI.4867

Amount of Each Receipt this Period
40.00

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

Mailing Address 2818 Fountain Grove Cove

City State Zip Code
Round Rock TX 78665

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

Name of Employer Occupation
MBS Rehab Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2011

Transaction ID: SA11AI.4868

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 80 / 100
(check only one)

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

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

A.

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

Mailing Address 2818 Fountain Grove Cove

City State Zip Code
Round Rock TX 78665

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

Name of Employer Occupation
MBS Rehab Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2011

Transaction ID: SA11AI.4869

Amount of Each Receipt this Period
40.00

B.

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

Mailing Address 2818 Fountain Grove Cove

City State Zip Code
Round Rock TX 78665

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

Name of Employer Occupation
MBS Rehab Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2011

Transaction ID: SA11AI.4870

Amount of Each Receipt this Period
40.00

C.

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

Mailing Address 2818 Fountain Grove Cove

City State Zip Code
Round Rock TX 78665

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

Name of Employer Occupation
MBS Rehab Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2011

Transaction ID: SA11AI.4871

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 81 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2818 Fountain Grove Cove

City State Zip Code
Round Rock TX 78665

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

Name of Employer Occupation
MBS Rehab Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2011

Transaction ID: SA11AI.4872

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
Dee Ann Probst

Mailing Address 7800 Pine Ridge Dr

City State Zip Code
Justin TX 76247

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

Name of Employer Occupation
Trisun Healthcare Administrator, Victoria Gardens of Fri

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2011

Transaction ID: SA11AI.4883

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Dee Ann Probst

Mailing Address 7800 Pine Ridge Dr

City State Zip Code
Justin TX 76247

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

Name of Employer Occupation
Trisun Healthcare Administrator, Victoria Gardens of Fri

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2011

Transaction ID: SA11AI.4884

Amount of Each Receipt this Period
20.00

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 82 / 100
	<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.	Full Name (Last, First, Middle Initial) Toni M Silguero	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 3804 Middle Earth Trail	Transaction ID: SA11AI.4919
	City State Zip Code Austin TX 78739	Amount of Each Receipt this Period 25.00
	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 ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Toni M Silguero	Date of Receipt MM / DD / YYYY 05 / 31 / 2011
	Mailing Address 3804 Middle Earth Trail	Transaction ID: SA11AI.4920
	City State Zip Code Austin TX 78739	Amount of Each Receipt this Period 25.00
	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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Toni M Silguero	Date of Receipt MM / DD / YYYY 06 / 15 / 2011
	Mailing Address 3804 Middle Earth Trail	Transaction ID: SA11AI.4921
	City State Zip Code Austin TX 78739	Amount of Each Receipt this Period 25.00
	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 ▼ 275.00	

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 83 / 100
(check only one)

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

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

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

A.

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

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 ▼ 300.00

Date of Receipt 06 / 30 / 2011

Transaction ID: SA11AI.4922

Amount of Each Receipt this Period 25.00

B.

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

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 ▼ 250.00

Date of Receipt 03 / 07 / 2011

Transaction ID: SA11AI.4927

Amount of Each Receipt this Period 50.00

C.

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

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 ▼ 300.00

Date of Receipt 03 / 22 / 2011

Transaction ID: SA11AI.4928

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 100
(check only one)

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

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

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

A.

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

Mailing Address 991 Oak Ridge

City State Zip Code
Shertz TX 78154

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

Name of Employer Occupation
MBS Rehab Director of Clinical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2011

Transaction ID: SA11AI.4929

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 991 Oak Ridge

City State Zip Code
Shertz TX 78154

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

Name of Employer Occupation
MBS Rehab Director of Clinical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2011

Transaction ID: SA11AI.4930

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 991 Oak Ridge

City State Zip Code
Shertz TX 78154

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

Name of Employer Occupation
MBS Rehab Director of Clinical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2011

Transaction ID: SA11AI.4931

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 85 / 100
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2011

Transaction ID: SA11AI.4932

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 991 Oak Ridge

City State Zip Code
Shertz TX 78154

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

Name of Employer Occupation
MBS Rehab Director of Clinical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2011

Transaction ID: SA11AI.4933

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 991 Oak Ridge

City State Zip Code
Shertz TX 78154

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

Name of Employer Occupation
MBS Rehab Director of Clinical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2011

Transaction ID: SA11AI.4934

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 86 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.4979
 Amount of Each Receipt this Period
 50.00

B. Full Name (Last, First, Middle Initial)
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.4980
 Amount of Each Receipt this Period
 50.00

C. Full Name (Last, First, Middle Initial)
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.4981
 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 87 / 100
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.4982

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
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 ▼ 450.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011

Transaction ID: SA11AI.4983

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: SA11AI.4984

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 88 / 100
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 550.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: SA11AI.4985

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.4986

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 4506 Grand Cypress Drive

City State Zip Code
Austin TX 78747

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

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1415.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11AI.5007

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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 89 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 1470.00
Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11AI.5001
Amount of Each Receipt this Period: 55.00

B. Full Name (Last, First, Middle Initial)
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 ▼ 1525.00
Date of Receipt: 03 / 15 / 2011
Transaction ID: SA11AI.5002
Amount of Each Receipt this Period: 55.00

C. Full Name (Last, First, Middle Initial)
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 ▼ 1580.00
Date of Receipt: 03 / 31 / 2011
Transaction ID: SA11AI.5003
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: PAGE 90 / 100

(check only one)

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

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

A.

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

Mailing Address 4506 Grand Cypress Drive

City State Zip Code
Austin TX 78747

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1635.00

Date of Receipt 04 / 15 / 2011

Transaction ID: SA11AI.5004

Amount of Each Receipt this Period 55.00

B.

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

Mailing Address 4506 Grand Cypress Drive

City State Zip Code
Austin TX 78747

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1690.00

Date of Receipt 04 / 29 / 2011

Transaction ID: SA11AI.5005

Amount of Each Receipt this Period 55.00

C.

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

Mailing Address 4506 Grand Cypress Drive

City State Zip Code
Austin TX 78747

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1745.00

Date of Receipt 05 / 13 / 2011

Transaction ID: SA11AI.5006

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 91 / 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt		Date of Receipt MM / DD / YYYY 05 / 31 / 2011		
	Mailing Address 4506 Grand Cypress Drive		Transaction ID: SA11AI.5008		
	City Austin	State TX	Zip Code 78747	Amount of Each Receipt this Period 55.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Girling Community Care	Occupation Regional Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
1800.00

B.	Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt		Date of Receipt MM / DD / YYYY 06 / 15 / 2011		
	Mailing Address 4506 Grand Cypress Drive		Transaction ID: SA11AI.5009		
	City Austin	State TX	Zip Code 78747	Amount of Each Receipt this Period 55.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Girling Community Care	Occupation Regional Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
1855.00

C.	Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 4506 Grand Cypress Drive		Transaction ID: SA11AI.5010		
	City Austin	State TX	Zip Code 78747	Amount of Each Receipt this Period 55.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Girling Community Care	Occupation Regional Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
1910.00

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: PAGE 92 / 100
(check only one)

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

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

A.

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

Mailing Address 2518 Harris Blvd

City State Zip Code
Austin TX 78703

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

Name of Employer Occupation
TRISUN Healthcare Vice President, Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.5019

Amount of Each Receipt this Period

25.00

B.

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

Mailing Address 2518 Harris Blvd

City State Zip Code
Austin TX 78703

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

Name of Employer Occupation
TRISUN Healthcare Vice President, Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.5020

Amount of Each Receipt this Period

25.00

C.

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

Mailing Address 2518 Harris Blvd

City State Zip Code
Austin TX 78703

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

Name of Employer Occupation
TRISUN Healthcare Vice President, Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.5021

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 93 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 300.00

Date of Receipt 06 / 30 / 2011

Transaction ID: SA11AI.5022

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
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 ▼ 225.00

Date of Receipt 05 / 13 / 2011

Transaction ID: SA11AI.5031

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
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 ▼ 250.00

Date of Receipt 05 / 31 / 2011

Transaction ID: SA11AI.5032

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 94 / 100
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 275.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: SA11AI.5033

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.5034

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2011

Transaction ID: SA11AI.5039

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 95 / 100

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.5040

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
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 ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.5041

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
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 ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.5042

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 96 / 100
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Iris B Williams		Date of Receipt MM / DD / YYYY 05 / 06 / 2011
Mailing Address 3733 Locke Lane		Transaction ID: SA11AI.5043
City Corpus Christi	State TX	Zip Code 78415
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MBS Rehab	Occupation Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B.

Full Name (Last, First, Middle Initial) Iris B Williams		Date of Receipt MM / DD / YYYY 05 / 23 / 2011
Mailing Address 3733 Locke Lane		Transaction ID: SA11AI.5044
City Corpus Christi	State TX	Zip Code 78415
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MBS Rehab	Occupation Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Iris B Williams		Date of Receipt MM / DD / YYYY 06 / 07 / 2011
Mailing Address 3733 Locke Lane		Transaction ID: SA11AI.5045
City Corpus Christi	State TX	Zip Code 78415
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MBS Rehab	Occupation Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

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 97 / 100
(check only one)

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

A.

Full Name (Last, First, Middle Initial) Iris B Williams		Date of Receipt	
Mailing Address 3733 Locke Lane		M M / D D / Y Y Y Y 06 / 22 / 2011	
City	State	Zip Code	Transaction ID: SA11AI.5046
Corpus Christi	TX	78415	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		50.00	
Name of Employer MBS Rehab		Occupation Director of Operations	
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)	50.00
TOTAL This Period (last page this line number only)	22930.00

**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)

PAGE 98 / 100

<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

<p>A. Full Name (Last, First, Middle Initial) CARPER FOR SENATE</p> <p>Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR</p> <p>City NEW CASTLE State DE Zip Code 19720</p> <p>Purpose of Disbursement Political contribution</p> <p>Candidate Name THOMAS R CARPER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5082 Date of Disbursement 06 / 06 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS</p> <p>Mailing Address 5915 EASTMAN AVENUE SUITE 100</p> <p>City MIDLAND State MI Zip Code 48640</p> <p>Purpose of Disbursement Political contribution</p> <p>Candidate Name DAVID LEE CAMP</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5080 Date of Disbursement 06 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) DIANE BLACK FOR CONGRESS</p> <p>Mailing Address PO BOX 1437</p> <p>City GALLATIN State TN Zip Code 37066</p> <p>Purpose of Disbursement Political contribution</p> <p>Candidate Name DIANE L MRS. BLACK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5084 Date of Disbursement 06 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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)

PAGE 99 / 100

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

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

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

A.	Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS Mailing Address PO BOX 5843 City AUSTIN State TX Zip Code 78763 Purpose of Disbursement Political contribution Candidate Name LLOYD DOGGETT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5074 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">1000.00</td> </tr> </table> <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> <tr> <td style="text-align: center;">Category/ Type</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	1	/	2	0	1	1	1000.00	011	Category/ Type
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	1	1	/	2	0	1	1																
1000.00																									
011																									
Category/ Type																									
B.	Full Name (Last, First, Middle Initial) FRIENDS OF JEB HENSARLING Mailing Address PO BOX 820504 City DALLAS State TX Zip Code 75382 Purpose of Disbursement Political contribution Candidate Name JEB HON. HENSARLING Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5078 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">500.00</td> </tr> </table> <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> <tr> <td style="text-align: center;">Category/ Type</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	0	5	/	2	0	1	1	500.00	011	Category/ Type
M	M	/	D	D	/	Y	Y	Y	Y																
0	5	/	0	5	/	2	0	1	1																
500.00																									
011																									
Category/ Type																									
C.	Full Name (Last, First, Middle Initial) HEMOCARE & HOSPICE PAC Mailing Address C/O SIMIONE CONSULTANTS LLC 4130 WHITNEY AVENYE City HAMDEN State CT Zip Code 06518 Purpose of Disbursement Political contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5076 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">5000.00</td> </tr> </table> <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> <tr> <td style="text-align: center;">Category/ Type</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	6	/	2	0	1	1	5000.00	011	Category/ Type
M	M	/	D	D	/	Y	Y	Y	Y																
0	2	/	1	6	/	2	0	1	1																
5000.00																									
011																									
Category/ Type																									

SUBTOTAL of Disbursements This Page (optional)	6500.00
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)

PAGE 100 / 100

<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

A.

Full Name (Last, First, Middle Initial)
POMPEO FOR CONGRESS INC

Transaction ID: SB23.5086

Date of Disbursement

Mailing Address PO BOX 780146

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	1

City WICHITA State KS Zip Code 67212

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Political contribution

011

Category/
Type

Candidate Name
MICHAEL RICHARD POMPEO

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KS District: 04

B.

Full Name (Last, First, Middle Initial)
STABENOW FOR US SENATE

Transaction ID: SB23.5088

Date of Disbursement

Mailing Address P.O. BOX 4945

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	1

City EAST LANSING State MI Zip Code 48826

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political contribution

011

Category/
Type

Candidate Name
DEBBIE MS STABENOW

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 00

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

16000.00
