FEC FORM 3X	AN	EPORT O ID DISBU Other Than Ar	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING LA		ample:If typing er the lines	, type			
		AC						
ADDRESS (number and	street)	703 W. 5th Street						
Check if differ than previousl reported. (ACC	ent L	uite 700               ustin 					78703	-
2. FEC IDENTIFICAT	ION NUMBER	▼	CITY 🛋		S	STATE	ZIPCO	DE 🔺
C00489740			3. IS THIS REPORT		NEW N) <b>OR</b>	AM (A)	ENDED	
July 15QuarterlyOctoberQuarterlyJanuary 2QuarterlyJuly 31 MReport(NYear Only	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) Iid-Year on-election	(d) 30-Day <b>Post</b> -Elec Report for	the:		12C)	Sep 2	2G) in the State c	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer NOTE : Submission of t	Electronically	Thomas Lloyd Wils y Filed by Thoma	my knowledge on s Lloyd Wilson		D	ate 07	2 0 1 1 2 8 Denalties of 2 U.3	2 0 1 1 S.C 437g.
Office Use Only							FEC FOR (Rev. 12/20	

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
	te or Type Committee Name Harden Healthcare LLC Federal PAC		
Rej	port Covering the Period: From:	M M D D Y Y Y Y Y 0 1 0 1 2 0 1 1 To:	M         M         D         D         Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (	a) Cash on Hand January 1 2011 <sup>Y Y Y</sup>	[	10823.00
(	b) Cash on Hand at Begining 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
. т	otal Disbursements (from Line 31)	16000.00	16000.00
	ash on Hand at Close of		
	eporting Period subtract Line 7 from Line 6(d))	26506.00	26506.00
. C	ebts and Obligations owed <b>TO</b>		
	ne committee (Itemize all on chedule C and/or Schedule D)	0.00	
	ebts and Obligations owed BY		
	e committee (Itemize all on chedule C and/or Schedule D)	0.00	

## For further information contact:

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

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

FE6AN026

#### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name Harden Healthcare LLC Federal PAC м м 01 01 мм 06 30 D 2011 D 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period Calendar Year-to-Date** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 22930.00 22930.00 (i) Itemized (use Schedule A) ..... 8753.00 8753.00 (ii) Unitemized ..... (iii) TOTAL (add 31683.00 31683.00 Lines 11(a)(i) and (ii) ..... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees (C) 0.00 0.00 (such as PACs) ..... (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 31683.00 31683.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 31683.00 31683.00 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 31683.00 31683.00 (subtract Line 18(c) from Line 19) .....

FE6AN026

DETAILED SUMMARY PAGE of Disbursements

COLUMN A

FEC Form 3X (Rev. 02/2003)

## II DISBURSEMENTS

		II. DISBURSEMENTS	
21.	Ope (a)	erating Expenditures: Shared Federal/Non-Federal Activity (from Schedule H4)	
		(i) Federal Share	
		(ii) Non-Federal Share	
	(b)	Other Federal Operating	
		Expenditures	
	(c)	Total Operating Expenditures	
		(add 21(a)(i), (a)(ii) and (b)) 🕨	
22.	Tra	nsfers to Affiliated/Other Party	
23.	Cor	nmittees htributions to	
	Fed and	eral Candidates/Committees Other Political Committees	
24.	Inde	ependent Expenditure	
25.	Ċoc	e Schedule E) ordinated Expenditures Made by Party nmittees (2 U.S.C. 441a(d)) e Schedule F)	
	(use	e Schedule F)	
26.	Loa	n Repayments Made	
27.	102	ns Made	
27.		unds of Contributions To:	
-	(a)	Individuals/Persons Other Than Political Committees	
	(b)	Political Party Committees	
	(C)	Other Political Committees	
	( <b>0</b> )		

Total This Period						
	0.00					
	0.00					
	0.00					
	0.00					
	0.00					
	16000.00					
	0.00					
	0.00					
	0.00					
	0.00					
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	0.00					
	0.00					

COLUMN B Calendar Year-to-Date					
	0.00				
	0.00				
	0.00				
	0.00				
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16000.00

L.,		_	_	0.00
				0.00
				0.00
				0.00

16000.00 16000.00 16000.00

30.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6)
	(i) Federal Share
	(b) Federal Election Activity Paid Entirely With Federal Funds
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))
	<b>T</b> ( 1 <b>D</b> ) ( 11 <b>D</b> ) ( 11 <b>D</b> ) ( 11 <b>D</b> )

(such as PACs) .....

(d) Total Contribution Refunds

29. Other Disbursements.....

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

FE6AN026

Page 4

# DETAILED SUMMARY PAGE

of Disbursements

	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

FE6AN026

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 100
	ITEMIZED RECEIPTS		for each category of the	(check only one)
	II EMIZED RECEIPIS		Detailed Summary Page	X 11a 11b 11c 12
-			, ,	13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and ad	y not be sold or used by any pe dress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
ſ	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			0 2 / D D / Y Y Y Y 0 2 / 15 / 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.4382
	Pflugerville	TX	78660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Harden Healthcare Services	Occupatio Senior V	n ice President, Human Res	ources
	Receipt For:	₁ <b>Ⅰ</b>	e Year-to-Date V	
	Primary General	7 iggi oguio		
	Other (specify)	0 0	300.00	
- В.	Full Name (Last, First, Middle Initial) Brianna B Braden			Date of Receipt
	Mailing Address 18821 Golddust Pass			M M / D D / Y Y Y Y 02 28 2011
	City	State	Zip Code	Transaction ID: SA11AI.4383
	Pflugerville	TX	78660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Harden Healthcare Services	Occupatio Senior V	n ice President, Human Res	ources
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General			
	Other (specify)		400.00	
С.	Full Name (Last, First, Middle Initial) Brianna B Braden	·		Date of Receipt
	Mailing Address 18821 Golddust Pass			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.4384
	<u>Pflugerville</u>	TX	78660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Harden Healthcare Services	Occupatio Senior V	<sup>n</sup> ice President, Human Res	ourges
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	500.00	
[	SUBTOTAL of Receipts This Page (optional)	I		300.00
ļ	SUBTUTAL OF RECEIPTS THIS Page (optional)			
	TOTAL This Period (last page this line number of	only)		•

[	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	the $X$ 11a 11b 11c 12 age 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	atements may not be sold or used by a name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)           Harden Healthcare LLC Federal PAC		
۷ A.	, Full Name (Last, First, Middle Initial) Brianna B Braden		Date of Receipt
	Mailing Address 18821 Golddust Pass		03 / D D / Y Y Y Y 2011
	City	State Zip Code	Transaction ID: SA11AI.4385
	<u>Pflugerville</u>	TX 78660	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, Humar	n Resources
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify)     ▼	600	0.00
- B.	Full Name (Last, First, Middle Initial) Brianna B Braden		Date of Receipt
	Mailing Address 18821 Golddust Pass		0 4 / D D / Y Y Y Y 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4386
	Pflugerville	TX 78660	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, Humar	n Resources
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼	700	0.00
- C.	Full Name (Last, First, Middle Initial) Brianna B Braden		Date of Receipt
	Mailing Address 18821 Golddust Pass		M M / D D / Y Y Y Y 0 4 29 2011
	City	State Zip Code	Transaction ID: SA11AI.4387
	Pflugerville	TX 78660	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, Humar	n Resources
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼	800	0.00
ſ	SUBTOTAL of Receipts This Page (optional)		
ŀ	TOTAL This Period (last page this line number		

				-
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 100
	ITEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
-				13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any per dress of any political committee	son for the purpose of soliciting contributions 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			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.4388
	Pflugerville	TX	78660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Harden Healthcare Services	Occupatio Senior V	on Vice President, Human Res	Durces
	Receipt For:		e Year-to-Date 🔻	
	Primary General	riggrogait		
	Other (specify)	0 0	900.00	
- В.	Full Name (Last, First, Middle Initial) Brianna B Braden			Date of Receipt
	Mailing Address 18821 Golddust Pass			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.4389
	Pflugerville	TX	78660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Harden Healthcare Services	Occupatio Senior V	on 'ice President, Human Res	burdes
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General			
	Other (specify) 🔻		1000.00	
- С.	Full Name (Last, First, Middle Initial) Brianna B Braden			Date of Receipt
	Mailing Address 18821 Golddust Pass			M M / D D / Y Y Y Y 06 15 / 2011
	City	State	Zip Code	Transaction ID: SA11AI.4390
	Pflugerville	TX	78660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Harden Healthcare Services	Occupatio Senior V	on 'ice President, Human Res	burdes
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	1100.00	
ſ	SUBTOTAL of Receipts This Page (optional)	I		300.00
ŀ				
	TOTAL This Period (last page this line number of	only)		•

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 9 / 100           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Brianna B Braden	Date of Receipt	
	Mailing Address 18821 Golddust Pass	0 6 / D D / Y Y Y Y 2 0 1 1	
	City	State Zip Code	Transaction ID: SA11AI.4391
	<u>Pflugerville</u>	TX 78660	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, Human Reso	urces
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1200.00	
В.	Full Name (Last, First, Middle Initial) Wendi Bray		Date of Receipt
	Mailing Address 15705 Edenderry Dr		M M / D D / Y Y Y Y 02 15 2011
	City	State Zip Code	Transaction ID: SA11AI.4394
	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: Primary General	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	300.00	
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 02 / 28 / 2011
	City	State Zip Code	Transaction ID: SA11AI.4395
	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: Primary General	Aggregate Year-to-Date 🔻	_
	Other (specify) ▼	400.00	
	SUBTOTAL of Receipts This Page (optional)		300.00
	TOTAL This Period (last page this line number of	only)	

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 10 / 100           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	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	03 / D D / Y Y Y Y 03 15 2011	
	City	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:	Aggregate Year-to-Date ▼	_
	Other (specify) ▼	500.00	]
— В.	Full Name (Last, First, Middle Initial) Wendi Bray		Date of Receipt
	Mailing Address 15705 Edenderry Dr	M         M         /         D         D         Y	
	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.		100.00
	Name of Employer Harden Healthcare Services	Occupation Senior Vice President, Finance	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	600.00	
с	Full Name (Last, First, Middle Initial) Wendi Bray		Date of Receipt
	Mailing Address 15705 Edenderry Dr		04 15 Y Y Y Y 04 15
	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Γ	SUBTOTAL of Receipts This Page (optional)		300.00
F	TOTAL This Period (last page this line number		

MBER: PAGE <u>11 / 100</u> e) 11b 11c 12 14 15 16 17	Use separate schedule(s) for each category of the Detailed Summary Page	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS				
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				
ceipt		Full Name (Last, First, Middle Initial) Wendi Bray	×.			
<sup>D</sup> 29 / Y Y Y Y 2011	Mailing Address 15705 Edenderry Dr					
n ID: SA11AI.4399	Zip Code	City				
Each Receipt this Period	78717	Austin				
100.00		FEC ID number of contributing federal political committee.				
	on /ice President, Finance	Name of Employer Harden Healthcare Services				
	e Year-to-Date 🔻	Receipt For:				
	800.00	Other (specify)				
ceipt		Full Name (Last, First, Middle Initial) Wendi Bray	-			
D D / Y Y Y Y 13 / 2011		Mailing Address 15705 Edenderry Dr				
n ID: SA11AI.4400	Zip Code	City				
Each Receipt this Period	78717	Austin				
100.00		FEC ID number of contributing federal political committee.				
	on /ice President, Finance	Name of Employer Harden Healthcare Services				
	e Year-to-Date 🔻	Receipt For:				
	900.00	Other (specify)				
ceipt		Full Name (Last, First, Middle Initial) Wendi Bray	_			
<b>31 Y Y Y Y</b> <b>2011</b>		Mailing Address 15705 Edenderry Dr				
n ID: SA11AI.4401	Zip Code	City				
Each Receipt this Period	78717	Austin				
100.00		FEC ID number of contributing federal political committee.				
	on /ice President, Finance	Name of Employer Harden Healthcare Services				
	e Year-to-Date  1000.00	Receipt For: Primary General Other (specify) ▼				
300.00		SUBTOTAL of Receipts This Page (optional)	ſ			

ITEMIZED			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 12 / 100           (check only one)         11a           X         11a           13         14           15         16
or for commercia	copied from such Reports and S al purposes, other than using the	statements ma	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions osolicit contributions from such committee.
	OMMITTEE (In Full) althcare LLC Federal PAC			
A. Wendi Bray	, Full Name (Last, First, Middle Initial) Wendi Bray			Date of Receipt
Mailing Addre	Mailing Address 15705 Edenderry Dr			0 6 1 5 Y Y Y Y 0 2 0 1 1
City	City State Zip Code			Transaction ID: SA11AI.4402
Austin		TX	78717	Amount of Each Receipt this Period
FEC ID numb federal politica	per of contributing al committee.	C		100.00
Name of Emp Harden Healt	ployer hcare Services	Occupatio Senior V	<sup>n</sup> ice President, Finance	
Receipt For: Primary	General	Aggregate	e Year-to-Date 🔻	_
	specify) <b>T</b>	0 0	1100.00	
Full Name (La Wendi Bray	ast, First, Middle Initial)			Date of Receipt
Mailing Addre	ess 15705 Edenderry Dr	M M / D D / Y Y Y Y 06 / 30 / 2011		
City		State	Zip Code	Transaction ID: SA11AI.4403
Austin	· · · · · ·	TX	78717	Amount of Each Receipt this Period
federal politica	per of contributing al committee.	C		100.00
	oloyer hcare Services	1 1	ice President, Finance	
Receipt For: Primary Other (s	General General	Aggregate	e Year-to-Date  1200.00	
``		0 0	0 0 0 0 0 0 0 0	
Full Name (La C. Timothy R Brit	ast, First, Middle Initial) tingham			Date of Receipt
Mailing Addre	2807 S Gary Avenue			M M / D D / Y Y Y Y 03 / 11 / 2011
City		State	Zip Code	Transaction ID: SA11AI.4408
Tulsa	<b>6</b>	OK	74114	Amount of Each Receipt this Period
federal politica		C		50.00
Name of Emp Girling Comm	oloyer hunity Care	1 · · · · ·	l Manager, Oklahoma	
Receipt For: Primary Other (s	general specify) ▼	Aggregate	e Year-to-Date 250.00	
SUBTOTAL of	Receipts This Page (optional)			250.00
	eriod (last page this line number			

ITEMIZE	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 13 / 100         (check only one)       11a         X       11a       11b         13       14       15       16       17
or for comme	ercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	<sup>-</sup> COMMITTEE (In Full) Healthcare LLC Federal PAC			
A. Timothy R	Full Name (Last, First, Middle Initial) Timothy R Brittingham			Date of Receipt
Mailing Ac	Mailing Address 2807 S Gary Avenue			03 / D D / Y Y Y Y 28 2011
City	· · ·			Transaction ID: SA11AI.4409
<u>Tulsa</u>		OK	74114	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		50.00
Name of E Girling Co	Employer ommunity Care	Occupation Regional	n Manager, Oklahoma	
Receipt F		1 · · · ·	Year-to-Date	
	nary General er (specify) 🔻	0 0	300.00	]
	e (Last, First, Middle Initial) Brittingham			Date of Receipt
Mailing Ac	ddress 2807 S Gary Avenue	M         M         /         D         D         Y		
City	-		Zip Code	Transaction ID: SA11AI.4410
<u>Tulsa</u>		OK	74114	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		50.00
Name of E Girling Co	Employer ommunity Care	Occupation Regional	n Manager, Oklahoma	
Receipt F		Aggregate	Year-to-Date 🔻	
Prin Othe	nary General er (specify) <del>v</del>		350.00	]
	e (Last, First, Middle Initial) Brittingham	l		Date of Receipt
Mailing Ac	ddress 2807 S Gary Avenue			M         M         /         D         D         /         Y
City		State	Zip Code	Transaction ID: SA11AI.4411
<u>Tulsa</u>		OK	74114	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		50.00
Name of E Girling Co	Employer ommunity Care	Occupation Regional	n Manager, Oklahoma	
Receipt F		Aggregate	Year-to-Date	_
	nary General er (specify) 🔻		400.00	]
SUBTOTAL	of Receipts This Page (optional)	I		150.00
	s Period (last page this line number		•	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 14 / 100           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12           13         14         15         16         1 <sup>1</sup>					
Any information copied from such Reports and or for commercial purposes, other than using	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for 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 PA	0						
Full Name (Last, First, Middle Initial)		Date of Receipt					
Mailing Address 2807 S Gary Avenue	05 13 Y Y Y Y 05 13 2011						
City	,						
Tulsa	OK 74114	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer Girling Community Care	Occupation Regional Manager, Oklahoma	-					
Receipt For:	Aggregate Year-to-Date V	1					
Primary     General       Other (specify) ▼	450.00						
Full Name (Last, First, Middle Initial) Timothy R Brittingham		Date of Receipt					
Mailing Address 2807 S Gary Avenue	05 / Y Y Y Y 021 / 2011						
City	State Zip Code	Transaction ID: SA11AI.4413					
Tulsa	OK 74114	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer Girling Community Care	Occupation Regional Manager, Oklahoma	-					
Receipt For:	Aggregate Year-to-Date V						
Primary     General       Other (specify)     ▼	500.00						
Full Name (Last, First, Middle Initial) Timothy R Brittingham		Date of Receipt					
Mailing Address 2807 S Gary Avenue	9	06 13 2011					
City	State Zip Code	Transaction ID: SA11AI.4414					
Tulsa	OK 74114	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer Girling Community Care	Occupation Regional Manager, Oklahoma	1					
Receipt For:	Aggregate Year-to-Date V						
Primary     General       Other (specify) ▼	550.00						
SUBTOTAL of Receipts This Page (optional)	 ) <b>k</b>	150.00					

PAGE 15 / 100						
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.						
2011						
1AI.4415						
eipt this Period						
60.00						
Y Y Y Y 2011						
1AI.4469						
pipt this Period						
50.00						
Y Y Y Y 2011						
1AI.4470						
eipt this Period						
50.00						
160.00						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each c. Detailed S atements may not be sold c	ate schedule(s) ategory of the summary Page	FOR LINE NUMBER:       PAGE 16 / 100         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17         n for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	name and address of any p	iolitical committee to	solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Cathi Coney Mailing Address 7207 Nine Oaks Cove	Date of Receipt		
				04 07 2011
	City Austin			Transaction ID: SA11AI.4471 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer MBS Pharmacy	Occupation Vice President, Oper	rations	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	350.00	
- В.	Full Name (Last, First, Middle Initial) Cathi Coney Mailing Address 7207 Nine Oaks Cove			Date of Receipt
		04 22 2011		
	City	State Zip Code	Э	Transaction ID: SA11AI.4472
	Austin FEC ID number of contributing federal political committee.	TX 78759		Amount of Each Receipt this Period
	Name of Employer MBS Pharmacy	Occupation Vice President, Oper	rations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	400.00	
- C.	Full Name (Last, First, Middle Initial) Cathi Coney			Date of Receipt
	Mailing Address 7207 Nine Oaks Cove			05 / 06 / Y Y Y Y 05 / 06
	City	State Zip Code	e	Transaction ID: SA11AI.4473
	Austin FEC ID number of contributing federal political committee.	TX 78759		Amount of Each Receipt this Period
	Name of Employer MBS Pharmacy	Occupation Vice President, Oper	rations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	450.00	
	SUBTOTAL of Receipts This Page (optional)		•••••	150.00
Ī	TOTAL This Period (last page this line 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         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
Α.	, Full Name (Last, First, Middle Initial) Cathi Coney		Date of Receipt
	Mailing Address 7207 Nine Oaks Cove		05 / 23 / Y Y Y Y 0 5 / 23 / 2011
	City	State Zip Code	Transaction ID: SA11AI.4474
	Austin	TX 78759	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MBS Pharmacy	Occupation Vice President, Operations	
	Receipt For:	Aggregate Year-to-Date	
	<ul> <li>Primary</li> <li>General</li> <li>Other (specify) ▼</li> </ul>	500.00	
B.	Full Name (Last, First, Middle Initial) Cathi Coney		Date of Receipt
	Mailing Address 7207 Nine Oaks Cove	0 6 / D D / Y Y Y Y 0 6 / 0 7 / 2 0 1 1	
	City	State Zip Code	Transaction ID: SA11AI.4475
	Austin	TX 78759	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MBS Pharmacy	Occupation Vice President, Operations	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	550.00	
С.	Full Name (Last, First, Middle Initial) Cathi Coney		Date of Receipt
	Mailing Address 7207 Nine Oaks Cove		0 6 / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4476
	Austin	TX 78759	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MBS Pharmacy	Occupation Vice President, Operations	
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify) ▼	600.00	
	SUBTOTAL of Receipts This Page (optional)	······	150.00
	TOTAL This Period (last page this line number	-	

	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)       X       11a       11b       11c       12         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	solicit contributions from such committee.
	Harden Healthcare LLC Federal PAC		
A.	Full Name (Last, First, Middle Initial) Sherrie Corso		Date of Receipt
	Mailing Address 533 Lavina Drive	03 / 15 / Y Y Y Y 2011	
	City	State Zip Code	Transaction ID: SA11AI.4481
	Bolingbrook	IL 60440	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Harden Healthcare Services	Occupation Vice President, Compliance	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	250.00	
в.	Full Name (Last, First, Middle Initial) Sherrie Corso		Date of Receipt
	Mailing Address 533 Lavina Drive	M         M         /         D         D         /         Y	
	City	State Zip Code	Transaction ID: SA11AI.4482
	Bolingbrook	IL 60440	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Harden Healthcare Services	Occupation Vice President, Compliance	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	300.00	
C.	Full Name (Last, First, Middle Initial) Sherrie Corso		Date of Receipt
	Mailing Address 533 Lavina Drive		04 / D D / Y Y Y Y 04 15 / 2011
	City	State Zip Code	Transaction ID: SA11AI.4483
	Bolingbrook	IL 60440	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Harden Healthcare Services	Occupation Vice President, Compliance	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) <b>▼</b>	350.00	
	SUBTOTAL of Receipts This Page (optional)	•	150.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 19 / 100         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17			
or for commercial purposes, other than usin	and Statements may not be sold or used by any persor ng the name and address of any political committee to s	n for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal P	PAC				
Full Name (Last, First, Middle Initial)           A.         Sherrie Corso		Date of Receipt			
Mailing Address 533 Lavina Drive	Mailing Address 533 Lavina Drive				
City	State Zip Code	Transaction ID: SA11AI.4484			
Bolingbrook	IL 60440	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer Harden Healthcare Services	Occupation Vice President, Compliance				
Receipt For:	Aggregate Year-to-Date				
Primary     General       Other (specify) ▼	400.00				
Full Name (Last, First, Middle Initial) Sherrie Corso		Date of Receipt			
Mailing Address 533 Lavina Drive	05 / 13 / Y Y Y Y 05 113				
City					
Bolingbrook	IL 60440	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		50.00			
Name of Employer Harden Healthcare Services	Occupation Vice President, Compliance				
Receipt For:	Aggregate Year-to-Date 🔻				
Primary     General       Other (specify) ▼	450.00				
Full Name (Last, First, Middle Initial) Sherrie Corso		Date of Receipt			
Mailing Address 533 Lavina Drive		05 / 31 / Y Y Y Y 05 / 31			
City	State Zip Code	Transaction ID: SA11AI.4486			
Bolingbrook	IL 60440	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer Harden Healthcare Services	Occupation Vice President, Compliance				
Receipt For: Primary General	Aggregate Year-to-Date 🔻				
Other (specify) ▼	500.00				
SUBTOTAL of Receipts This Page (option	nal)	150.00			
	mber only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 20 / 100           (check only one)         11a         11b         11c         12           13         14         15         16         17
[	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may r name and addre	not be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	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	0 6 1 5 2 0 1 1		
	City State Zip Code			Transaction ID: SA11AI.4487
	Bolingbrook	IL	60440	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Harden Healthcare Services	Occupation Vice Presid	dent, Compliance	
	Receipt For:	1 1	/ear-to-Date ▼	
	Primary General		550.00	1
	Other (specify)		1	
в.	Full Name (Last, First, Middle Initial) Sherrie Corso			Date of Receipt
	Mailing Address 533 Lavina Drive			0 6 3 0 2 0 1 1
	City	Transaction ID: SA11AI.4488		
	Bolingbrook	IL	60440	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Harden Healthcare Services	Occupation Vice Presid	dent, Compliance	_
	Receipt For:	Aggregate Y	/ear-to-Date	
	Primary General Other (specify) ▼		600.00	]
- C.	Full Name (Last, First, Middle Initial) Gloria R Crawford			Date of Receipt
0.	Mailing Address 6013 Forest Shadow			
	City	State	Zip Code	Transaction ID: SA11AI.4495
	San Antonio	TX	78240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Girling Community Care	Occupation Regional D	Director	
	Receipt For:	Aggregate Y	<pre>/ear-to-Date ▼</pre>	_
	Primary     General       Other (specify) ▼		210.00	]
	SUBTOTAL of Receipts This Page (optional)			130.00
ŀ	TOTAL This Period (last page this line 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 21 / 100           (check only one)         11a           X         11a           11b         11c           12
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
۷ A.	, Full Name (Last, First, Middle Initial) Gloria R Crawford		Date of Receipt
	Mailing Address 6013 Forest Shadow		04 / 29 / Y Y Y Y 04 1
	City	State Zip Code	Transaction ID: SA11AI.4496
	San Antonio	TX 78240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer Girling Community Care	Occupation Regional Director	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	240.00	
в.	Full Name (Last, First, Middle Initial) Gloria R Crawford		Date of Receipt
	Mailing Address 6013 Forest Shadow		05 / <sup>D</sup> D D / <u>Y Y Y Y</u> 2011
	City	State Zip Code	Transaction ID: SA11AI.4497
	San Antonio	TX 78240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer Girling Community Care	Occupation Regional Director	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	270.00	
- C.	Full Name (Last, First, Middle Initial) Gloria R Crawford		Date of Receipt
	Mailing Address 6013 Forest Shadow		05 / D D / Y Y Y Y 05 31 2011
	City	State Zip Code	Transaction ID: SA11AI.4498
	San Antonio	TX 78240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Girling Community Care	Occupation Regional Director	_
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	300.00	
ſ	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)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)           Harden Healthcare LLC Federal PAC		
A.	Full Name (Last, First, Middle Initial) Gloria R Crawford		Date of Receipt
	Mailing Address 6013 Forest Shadow		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.4499
	San Antonio	TX 78240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Girling Community Care	Occupation Regional Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	330.00	
В.	Full Name (Last, First, Middle Initial) Gloria R Crawford		Date of Receipt
	Mailing Address 6013 Forest Shadow		0 6 / D D / Y Y Y Y 0 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4500
	San Antonio	TX 78240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Girling Community Care	Occupation Regional Director	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	360.00	
- С.	Full Name (Last, First, Middle Initial) Lisa Lynn Cupps		Date of Receipt
	Mailing Address 2450 CR 253		M M / D D / Y Y Y Y 03 15 2011
	City	State Zip Code	Transaction ID: SA11AI.4505
	Comanche	TX 76442	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Community Care	Occupation Regional Director, West Texas	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	250.00	
	SUBTOTAL of Receipts This Page (optional)		110.00
	TOTAL This Period (last page this line number	only)	•

SCHEDUL F	A (FEC Form 3X)			_	R LINE NUMBER: PAGE 23 / 100
	. ,		Use separate schedule(s) for each category of the	(che	eck only one)
ITEMIZED R	RECEIPTS		Detailed Summary Page	X	11a 11b 11c 12
			Detailed Guinnary Page		13 14 15 16 1
					he purpose of soliciting contributions contributions from such committee.
NAME OF CO	MMITTEE (In Full)				
	thcare LLC Federal PAC				
Full Name (Las Lisa Lynn Cupp	t, First, Middle Initial) s				Date of Receipt
Mailing Addres	s 2450 CR 253				$ \begin{array}{c} M & M \\ 0 & 3 \end{array} \left( \begin{array}{c} D & D \\ 3 & 1 \end{array} \right) \left( \begin{array}{c} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{array} \right) \\ \end{array} $
City		State	Zip Code	т	ransaction ID: SA11AI.4506
Comanche		ТΧ	76442		Amount of Each Receipt this Period
FEC ID numbe federal political	r of contributing committee.	C			50.00
Name of Emplo Girling Commu	over Inity Care	Occupatio			
		Regional	Director, West Texas		
Receipt For:		Aggregate	e Year-to-Date 🔻		
Primary	General		200.00		
Other (sp	pecify) ▼	1 1	300.00	,	
Full Name (Las Lisa Lynn Cupp	t, First, Middle Initial) s				Date of Receipt
Mailing Address	s 2450 CR 253				M M / D D / Y Y Y Y 0 4 1 5 2 0 1 1
City		State	Zip Code	Τ	Transaction ID: SA11AI.4507
Comanche		ТΧ	76442		Amount of Each Receipt this Period
	r of contributing committee.	C			50.00
Name of Emplo	over	Occupatio	n		
Girling Commu	inity Care		Director, West Texas		
Receipt For:			e Year-to-Date 🔻		
Primary	General	riggiogaic			
Other (sp	pecify) ▼		350.00		
Full Name (Las Lisa Lynn Cupp	t, First, Middle Initial) s				Date of Receipt
Mailing Address					M M / D D / Y Y Y Y 0 4 29 2011
City		State	Zip Code	Т	ransaction ID: SA11AI.4508
<u>Comanche</u>		ТХ	76442		Amount of Each Receipt this Period
FEC ID numbe federal political	r of contributing committee.	C			50.00
Name of Emplo Girling Commu	oyer nity Care	Occupatio Regional	n I Director, West Texas		
Receipt For:		Aggregate	e Year-to-Date 🔻		
Primary Other (sp	General becify) <b>▼</b>		400.00		
SUBTOTAL of R	eceipts This Page (optional)				150.00
				-	
TOTAL This Peri	od (last page this line number o	only)			

ial purposes, other than using the COMMITTEE (In Full) ealthcare LLC Federal PAC Last, First, Middle Initial) upps ress 2450 CR 253 e ber of contributing cal committee. uployer munity Care ry General (specify) ▼ Last, First, Middle Initial)	Use separate schedule(s)         for each category of the         Detailed Summary Page         tatements may not be sold or used by any person         name and address of any political committee to a         State       Zip Code         TX       76442         C         Occupation         Regional Director, West Texas         Aggregate Year-to-Date         450.00	FOR LINE NUMBER:       PAGE 24 / 100         (check only one)       X         X       11a         13       14         15       16         16       17         n for the purpose of soliciting contributions solicit contributions from such committee.         Date of Receipt         05       /         13       2011         Transaction ID: SA11AI.4509         Amount of Each Receipt this Period
a copied from such Reports and S ial purposes, other than using the COMMITTEE (In Full) ealthcare LLC Federal PAC Last, First, Middle Initial) upps ress 2450 CR 253 e ber of contributing cal committee. mployer munity Care ry General (specify) ▼	Detailed Summary Page         tatements may not be sold or used by any person name and address of any political committee to a solution         State       Zip Code         TX       76442         C         Occupation         Regional Director, West Texas         Aggregate Year-to-Date	X       11a       11b       11c       12         13       14       15       16       17         n for the purpose of soliciting contributions solicit contributions from such committee.       13       14       15       16       17         Date of Receipt       0       5       13       2011       13       2011         Transaction ID:       SA11AI.4509       Amount of Each Receipt this Period       13       20       14
ial purposes, other than using the COMMITTEE (In Full) ealthcare LLC Federal PAC Last, First, Middle Initial) upps ress 2450 CR 253 e ber of contributing cal committee. uployer munity Care ry General (specify) ▼ Last, First, Middle Initial)	tatements may not be sold or used by any person name and address of any political committee to State Zip Code TX 76442 C Occupation Regional Director, West Texas Aggregate Year-to-Date ▼	13       14       15       16       17         n for the purpose of soliciting contributions solicit contributions from such committee.       13       14       15       16       17         Date of Receipt       0 5       /       1 3       2 0 1 1       13       2 0 1 1         Transaction ID:       SA11AI.4509       Amount of Each Receipt this Period       13       14       15       16       17
ial purposes, other than using the COMMITTEE (In Full) ealthcare LLC Federal PAC Last, First, Middle Initial) upps ress 2450 CR 253 e ber of contributing cal committee. uployer munity Care ry General (specify) ▼ Last, First, Middle Initial)	name and address of any political committee to a         State       Zip Code         TX       76442         C         Occupation         Regional Director, West Texas         Aggregate Year-to-Date	Date of Receipt 0 5 / 1 3 / 2 0 1 1 Transaction ID: SA11AI.4509 Amount of Each Receipt this Period
ealthcare LLC Federal PAC Last, First, Middle Initial) pps ress 2450 CR 253 e ber of contributing cal committee. ployer munity Care ry General (specify) ▼ Last, First, Middle Initial)	TX       76442         C       Occupation         Regional Director, West Texas         Aggregate Year-to-Date	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
Last, First, Middle Initial) upps ress 2450 CR 253 e ber of contributing cal committee. mployer munity Care ry	TX       76442         C       Occupation         Regional Director, West Texas         Aggregate Year-to-Date	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
upps         ress       2450 CR 253         e         mber of contributing cal committee.         nployer munity Care         ry       General (specify) ▼         Last, First, Middle Initial)	TX       76442         C       Occupation         Regional Director, West Texas         Aggregate Year-to-Date	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
e ber of contributing cal committee. ployer munity Care ry General (specify) ▼ Last, First, Middle Initial)	TX       76442         C       Occupation         Regional Director, West Texas         Aggregate Year-to-Date	0 5 1 3 2 0 1 1 Transaction ID: SA11AI.4509 Amount of Each Receipt this Period
aber of contributing cal committee. aployer munity Care ry General (specify) ▼ Last, First, Middle Initial)	TX       76442         C       Occupation         Regional Director, West Texas         Aggregate Year-to-Date	Amount of Each Receipt this Period
aber of contributing cal committee. aployer munity Care ry General (specify) ▼ Last, First, Middle Initial)	C Occupation Regional Director, West Texas Aggregate Year-to-Date ▼	
cal committee. pployer munity Care ry General (specify) ▼ Last, First, Middle Initial)	Occupation Regional Director, West Texas Aggregate Year-to-Date <b>V</b>	50.00
muńity Care ry General (specify) ▼ Last, First, Middle Initial)	Regional Director, West Texas Aggregate Year-to-Date <b>V</b>	
ry General (specify) ▼ Last, First, Middle Initial)	Aggregate Year-to-Date ▼	
ry General (specify) ▼ Last, First, Middle Initial)		
Last, First, Middle Initial)	450.00	
ipps		Date of Receipt
ress 2450 CR 253		05 / 0 / Y Y Y Y 0 3 1 / 2 0 1 1
	State Zip Code	Transaction ID: SA11AI.4510
e	TX 76442	Amount of Each Receipt this Period
nber of contributing cal committee.	C	50.00
nployer	Occupation	7
munity Care	Regional Director, West Texas	
	Aggregate Year-to-Date 🔻	
ry General (specify) <b>▼</b>	500.00	
Last, First, Middle Initial) upps		Date of Receipt
ress 2450 CR 253		
	State Zip Code	Transaction ID: SA11AI.4511
e	TX 76442	Amount of Each Receipt this Period
nber of contributing cal committee.	C	50.00
nployer munity Care	Occupation Regional Director, West Texas	
	Aggregate Year-to-Date ▼	]
·	550.00	
ry General (specify) <b>▼</b>		150.00
ry General (specify) <b>▼</b>		
	muńity Care	y General Regional Director, West Texas

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 25 / 100         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
Any i or for	nformation copied from such Reports and Si	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	AME OF COMMITTEE (In Full) larden Healthcare LLC Federal PAC		
	ull Name (Last, First, Middle Initial) sa Lynn Cupps		Date of Receipt
М	ailing Address 2450 CR 253		0 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	ity	State Zip Code	Transaction ID: SA11AI.4512
	omanche	TX 76442	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	50.00
Ni	ame of Employer irling Community Care	Occupation Regional Director, West Texas	
R	eceipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	600.00	
	ull Name (Last, First, Middle Initial) ames Wayne Douglas		Date of Receipt
М	ailing Address 4701 Circle Oak Cove		0 2 1 5 Y Y Y Y 0 1 5 2 0 1 1
C	ity	State Zip Code	Transaction ID: SA11AI.4518
<u>A</u>	ustin	TX 78749	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	100.00
NiG	ame of Employer irling Community Care	Occupation President	
R	eceipt For:	Aggregate Year-to-Date	
-	Primary General Other (specify) ♥	300.00	
	ull Name (Last, First, Middle Initial) ames Wayne Douglas		Date of Receipt
М	ailing Address 4701 Circle Oak Cove		0 2 2 8 2 0 1 1
	ity	State Zip Code	Transaction ID: SA11AI.4519
_	ustin	TX 78749	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	100.00
Ni G	ame of Employer irling Community Care	Occupation President	
R	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  400.00	
SUE	<b>TOTAL</b> of Receipts This Page (optional)	••••••	250.00
тот	AL This Period (last page this line number of	Donly)	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 26 / 100         (check only one)       11a       11b       11c       12         X       11a       11b       11c       12         13       14       15       16       17
	ny information copied from such Reports and r for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions
a.	Full Name (Last, First, Middle Initial) James Wayne Douglas		Date of Receipt
	Mailing Address 4701 Circle Oak Cove	)	M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.4520
	Austin FEC ID number of contributing federal political committee.	TX 78749	Amount of Each Receipt this Period 100.00
	Name of Employer Girling Community Care	Occupation President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
	Full Name (Last, First, Middle Initial) James Wayne Douglas Mailing Address 4701 Circle Oak Cove	)	Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.4521
	Austin	TX 78749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Girling Community Care	Occupation President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	]
;.	Full Name (Last, First, Middle Initial) James Wayne Douglas		Date of Receipt
	Mailing Address 4701 Circle Oak Cove		04 / D D / Y Y Y Y 2011
	City Austin	State Zip Code TX 78749	Transaction ID: SA11AI.4522
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Girling Community Care	Occupation President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	]
Γ		······	300.00

c	CHEDULE A (FEC Form 3X)	Г		FOR LINE NUMBER: PAGE 27 / 100
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
11			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and addr	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions
	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	•		M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.4523
	Austin	ТХ	78749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Girling Community Care	Occupation President		
	Receipt For:	Aggregate '	Year-to-Date 🔻	_
	Primary     General       Other (specify) ▼	0 0	800.00	]
— В.	Full Name (Last, First, Middle Initial) James Wayne Douglas			Date of Receipt
	Mailing Address 4701 Circle Oak Cove	•		05 / 13 / Y Y Y Y 011 1 0 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.4524
	Austin	TX	78749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Girling Community Care	Occupation President		
	Receipt For:	Aggregate `	Year-to-Date 🔻	_
	Primary     General       Other (specify)     Image: Content of the specify of the specify of the specify of the specify of the specific of the speci	0 0	900.00	]
— c.	Full Name (Last, First, Middle Initial) James Wayne Douglas			Date of Receipt
0.	Mailing Address 4701 Circle Oak Cove	•		
	City	State	Zip Code	Transaction ID: SA11AI.4525
	Austin	ТХ	78749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Girling Community Care	Occupation President		
	Receipt For: Primary General	Aggregate `	Year-to-Date V	
	Other (specify) ▼	0 0	1000.00	
s	UBTOTAL of Receipts This Page (optional)			300.00
T,	OTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 28 / 100         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may i e name and addr	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC			
A.	Full Name (Last, First, Middle Initial) James Wayne Douglas			Date of Receipt
	Mailing Address 4701 Circle Oak Cove	9		M M         /         D D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.4526
	Austin	TX	78749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Girling Community Care	Occupation President		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	0 0	1100.00	]
- В.	Full Name (Last, First, Middle Initial) James Wayne Douglas			Date of Receipt
	Mailing Address 4701 Circle Oak Cove	9		M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.4527
	Austin	TX	78749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Girling Community Care	Occupation President		
	Receipt For:	Aggregate \	Year-to-Date 🔻	_
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	0 0	1200.00	]
- C.	Full Name (Last, First, Middle Initial) Mark Duncan	I		Date of Receipt
	Mailing Address 799 W Bartlett			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.4530
	Buda	TX	78610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer TRISUN Healthcare	1 1	dent, Operations, North	
	Receipt For:	Aggregate	Year-to-Date V	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>		225.00	
	SUBTOTAL of Receipts This Page (optional)			275.00
ľ	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 29 / 100         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions
	Harden Healthcare LLC Federal PAC		
A.	Full Name (Last, First, Middle Initial) Mark Duncan		Date of Receipt
	Mailing Address 799 W Bartlett		02 / 28 / Y Y Y Y 02 11
	City	State Zip Code	Transaction ID: SA11AI.4531
	Buda	TX 78610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Operations, North	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	300.00	
- В.	Full Name (Last, First, Middle Initial) Mark Duncan	1	Date of Receipt
	Mailing Address 799 W Bartlett		03 / D D / Y Y Y Y 03 / 15 / 2011
	City	State Zip Code	Transaction ID: SA11AI.4532
	Buda	TX 78610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		75.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Operations, North	_
	Receipt For: Primary General	Aggregate Year-to-Date <b>V</b>	
	Other (specify)	375.00	
– C.	Full Name (Last, First, Middle Initial) Mark Duncan		Date of Receipt
	Mailing Address 799 W Bartlett		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.4533
	Buda	TX 78610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		75.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Operations, North	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	450.00	
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	225.00
F	TOTAL This Period (last page this line 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         X       11a       11b       11c       12         13       14       15       16       17
	or for commercial purposes, other than using the	Statements may not be sold or used by any person a name and address of any political committee to a	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Mark Duncan		Date of Receipt
	Mailing Address 799 W Bartlett		04 / 15 / Y Y Y 2011
	City	State Zip Code	Transaction ID: SA11AI.4534
	Buda	TX 78610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Operations, North	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	525.00	
- B.	Full Name (Last, First, Middle Initial) Mark Duncan	•	Date of Receipt
	Mailing Address 799 W Bartlett		0 4 / D D / Y Y Y Y 2 9 / 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4535
	Buda	TX 78610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		75.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Operations, North	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	600.00	
с	Full Name (Last, First, Middle Initial) Mark Duncan	•	Date of Receipt
	Mailing Address 799 W Bartlett		05 / D D / Y Y Y Y 05 / 13 / 2011
	City	State Zip Code	Transaction ID: SA11AI.4536
	Buda	TX 78610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		75.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Operations, North	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	675.00	
	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         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
А.	Full Name (Last, First, Middle Initial) Mark Duncan		Date of Receipt
	Mailing Address 799 W Bartlett		05 / 31 / Y Y Y Y 05 31 / 2011
	City	State Zip Code	Transaction ID: SA11AI.4537
	Buda	TX 78610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Operations, North	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	750.00	
В.	Full Name (Last, First, Middle Initial) Mark Duncan		Date of Receipt
	Mailing Address 799 W Bartlett		M · M         /         D · D         /         Y · Y · Y · Y         Y           0 6         1 5         2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4538
	Buda	TX 78610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Operations, North	
	Receipt For:	Aggregate Year-to-Date ▼	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	825.00	
с.	Full Name (Last, First, Middle Initial) Mark Duncan		Date of Receipt
	Mailing Address 799 W Bartlett		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.4539
	Buda	TX 78610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Operations, North	
	Receipt For:	Aggregate Year-to-Date ▼	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	900.00	
	SUBTOTAL of Receipts This Page (optional)	•	225.00
	TOTAL This Period (last page this line number	only)	

S	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 100
		for each category of the	(check only one)
•		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	$\rangle$ Harden Healthcare LLC Federal PAC		
	Full Name (Last, First, Middle Initial) Scott Ellyson		Date of Receipt
	Mailing Address 824 Stonewall Ridge		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.4542
	Austin	TX 78746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Harden Healthcare	Occupation Chief Financial Officer	_
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	300.00	]
-	Full Name (Last, First, Middle Initial) Scott Ellyson		Date of Receipt
	Mailing Address 824 Stonewall Ridge		M M / D D / Y Y Y Y 02 28 2011
	City	State Zip Code	Transaction ID: SA11AI.4543
	Austin	TX 78746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Harden Healthcare	Occupation Chief Financial Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	400.00	]
. –	Full Name (Last, First, Middle Initial) Scott Ellyson	I	Date of Receipt
	Mailing Address 824 Stonewall Ridge		M M / D D / Y Y Y Y 0 3 1 5 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4544
	Austin	TX 78746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Harden Healthcare	Occupation Chief Financial Officer	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	500.00	]
	SUBTOTAL of Receipts This Page (optional)	·	300.00
┝	CODICIAL OF NECEPTS THIS Fage (optional)		
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 33 / 100         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17		
or for commercial purposes, other than using	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so			
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PA	AC			
Full Name (Last, First, Middle Initial)           A.         Scott Ellyson				
Mailing Address 824 Stonewall Ridg	M M         /         D D         /         Y			
City	•			
Austin	TX 78746	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer Harden Healthcare	Occupation Chief Financial Officer			
Receipt For:	Aggregate Year-to-Date ▼			
Primary     General       Other (specify) ▼	600.00			
Full Name (Last, First, Middle Initial)           Scott Ellyson	Scott Ellyson			
Mailing Address 824 Stonewall Ridg	Mailing Address 824 Stonewall Ridge			
City	State Zip Code	Transaction ID: SA11AI.4546		
Austin	TX 78746	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer Harden Healthcare	Occupation Chief Financial Officer			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00			
Full Name (Last, First, Middle Initial)           C.         Scott Ellyson				
Mailing Address 824 Stonewall Ridg	Mailing Address 824 Stonewall Ridge			
City	State Zip Code	Transaction ID: SA11AI.4547		
Austin	TX 78746	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer Harden Healthcare	Occupation Chief Financial Officer			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00			
SUBTOTAL of Receipts This Page (optiona	l)	300.00		
	al)	300.		

l	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page not be sold or used by any pers	FOR LINE NUMBER:         PAGE 34 / 100           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17           on for the purpose of soliciting contributions         11         11         11	
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	e name and add	dress of any political committee to	o solicit contributions from such committee.	
A.	Full Name (Last, First, Middle Initial) Scott Ellyson Mailing Address 824 Stonewall Ridge	Date of Receipt			
		05 13 2011			
	City Austin	State TX	Zip Code 78746	Transaction ID: SA11AI.4548 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer Harden Healthcare	Occupation Chief Fin	n ancial Officer		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date  900.00	]	
- B.	Full Name (Last, First, Middle Initial) Scott Ellyson Mailing Address 824 Stonewall Ridge			Date of Receipt	
				05 31 2011	
	City Austin	State TX	Zip Code 78746	Transaction ID: SA11AI.4549	
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period	
	Name of Employer Harden Healthcare	Occupation Chief Fin	n ancial Officer		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date  1000.00	]	
- C.	Full Name (Last, First, Middle Initial) Scott Ellyson			Date of Receipt	
	Mailing Address 824 Stonewall Ridge			M         M         /         D         D         Y	
	City	State	Zip Code	Transaction ID: SA11AI.4550	
	Austin FEC ID number of contributing federal political committee.	TX C	78746	Amount of Each Receipt this Period	
	Name of Employer Harden Healthcare	Occupation Chief Fin	n ancial Officer		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date <b>V</b> 1100.00	]	
ſ	SUBTOTAL of Receipts This Page (optional)	•		300.00	
	TOTAL This Period (last page this line number only)				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 35 / 100         (check only one)		
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full)				
	Harden Healthcare LLC Federal PAC				
ب ٩.	Full Name (Last, First, Middle Initial) Scott Ellyson	Date of Receipt			
	Mailing Address 824 Stonewall Ridge	M         M         /         D         D         /         Y			
	City	Transaction ID: SA11AI.4551			
	Austin	TX 78746	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	100.00		
	Name of Employer Harden Healthcare	Occupation Chief Financial Officer			
	Receipt For:	Aggregate Year-to-Date ▼	7		
	Primary     General       Other (specify)     ▼	1200.00			
	Full Name (Last, First, Middle Initial) Tricia Fox	Date of Receipt			
	Mailing Address P O Box 190	03 / 15 / Y Y Y Y 03 115			
	City	State Zip Code	Transaction ID: SA11AI.4556		
	Florence	TX 76527	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	50.00		
	Name of Employer Girling Home Health	Occupation Vice President, Rehab			
	Receipt For:	Aggregate Year-to-Date 🔻			
	Primary     General       Other (specify) ▼	250.00			
-	Full Name (Last, First, Middle Initial) Tricia Fox		Date of Receipt		
	Mailing Address P O Box 190	M         M         /         D         D         /         Y			
	City	Transaction ID: SA11AI.4557			
	Florence	TX 76527	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	50.00		
	Name of Employer Girling Home Health	Occupation Vice President, Rehab			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			
Γ	SUBTOTAL of Receipts This Page (optional)	L	200.00		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 36 / 100         (check only one)       11a         X       11a       11b       11c       12         I       13       14       15       16       17
	Any information copied from such Reports and s or for commercial purposes, other than using th	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
∠ A.	Full Name (Last, First, Middle Initial) Tricia Fox	Date of Receipt	
	Mailing Address P O Box 190	04 / D D / Y Y Y Y 04 15 / 2011	
	City	Transaction ID: SA11AI.4558	
	Florence	TX 76527	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Home Health	Occupation Vice President, Rehab	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	350.00	
- В.	Full Name (Last, First, Middle Initial) Tricia Fox		Date of Receipt
	Mailing Address P O Box 190		0 4 / D D / Y Y Y Y 2 9 / 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4559
	Florence	TX 76527	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Home Health	Occupation Vice President, Rehab	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
– C.	Full Name (Last, First, Middle Initial) Tricia Fox		Date of Receipt
0.	Mailing Address P O Box 190		
	City	State Zip Code	Transaction ID: SA11AI.4560
	Florence	TX 76527	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Home Health	Occupation Vice President, Rehab	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
ſ	SUBTOTAL of Receipts This Page (optional) .	·	150.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 37 / 100         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	or for commercial purposes, other than using th	Statements may not be sold or used by any person e name and address of any political committee to a	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
۷ A.	Full Name (Last, First, Middle Initial) Tricia Fox		Date of Receipt
	Mailing Address P O Box 190		05 / D D / Y Y Y Y 31 2011
	City	State Zip Code	Transaction ID: SA11AI.4561
	Florence	TX 76527	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Home Health	Occupation Vice President, Rehab	
	Receipt For:	Aggregate Year-to-Date V	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	500.00	
- B.	Full Name (Last, First, Middle Initial) Tricia Fox		Date of Receipt
	Mailing Address P O Box 190		06 <sup>''</sup> 15 <sup>''</sup> 2011
	City	State Zip Code	Transaction ID: SA11AI.4562
	Florence	TX 76527	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Home Health	Occupation Vice President, Rehab	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
- C.	Full Name (Last, First, Middle Initial) Tricia Fox		Date of Receipt
	Mailing Address P O Box 190		0 6 / <sup>D</sup> D / <sup>Y</sup> Y Y Y Y 0 6 3 0 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4563
	Florence	TX 76527	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Home Health	Occupation Vice President, Rehab	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
ſ	SUBTOTAL of Receipts This Page (optional)	·	150.00
ľ	TOTAL This Period (last page this line numbe	er only)	

	x x x	FOR LINE NUMBER: PAGE 38 / 100
SCHEDULE A (FEC Form		(check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than u	ts and Statements may not be sold or used by any person using the name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Harden Healthcare LLC Federa	I PAC	
Full Name (Last, First, Middle Initial) Benjamin Hanson		Date of Receipt
Mailing Address 2211 Sunny Slo	ppe Drive	0 2 / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.4578
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer Harden Healthcare	Occupation Sr Vice President & General Counsel	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	225.00	
Full Name (Last, First, Middle Initial) Benjamin Hanson		Date of Receipt
Mailing Address 2211 Sunny Slo	ppe Drive	0 2 2 8 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.4579
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer Harden Healthcare	Occupation Sr Vice President & General Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Benjamin Hanson		Date of Receipt
Mailing Address 2211 Sunny Slo	ope Drive	03 15 2011
City	State Zip Code	Transaction ID: SA11AI.4580
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer Harden Healthcare	Occupation Sr Vice President & General Counsel	1
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	375.00	
SUBTOTAL of Dessints This Dess (an	tional	225.00
SUBTUTAL OF Receipts This Page (op	tional)	
TOTAL This Period (last page this line	number only)	

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Ş	SCHEDULE A (FEC Form 3X)		rate schedule(s)	FOR LINE NUMBER: PAGE 39 / 100 (check only one)
ľ	TEMIZED RECEIPTS		category of the	$\overline{X}$ 11a 11b 11c 12
-		Detailed S	Summary Page	
Г	Any information copied from such Reports and S	itatements may not be sold	or used by any perso	
	or for commercial purposes, other than using the	name and address of any p	political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Harden Healthcare LLC Federal PAC			
∠ \.	Full Name (Last, First, Middle Initial) Benjamin Hanson			Date of Receipt
	Mailing Address 2211 Sunny Slope Driv	/e		M M / D D / Y Y Y Y 03 31 2011
	City	State Zip Cod	le	Transaction ID: SA11AI.4581
	Austin	TX 78703		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Harden Healthcare	Occupation		1
		Sr Vice President &		_
	Receipt For:	Aggregate Year-to-Date	e <b>V</b>	
	Other (specify)		450.00	
		0 0 0 0	0 0 0 0 0	
. –	Full Name (Last, First, Middle Initial) Benjamin Hanson			Date of Receipt
	Mailing Address 2211 Sunny Slope Driv	/e		M M / D D / Y Y Y Y 0 4 1 5 2 0 1 1
	City	State Zip Cod	le	Transaction ID: SA11AI.4582
	Austin	TX 78703		Amount of Each Receipt this Period
	FEC ID number of contributing		U U U	
	federal political committee.	C		75.00
	Name of Employer Harden Healthcare	Occupation		
		Sr Vice President &		_
	Receipt For: Primary General	Aggregate Year-to-Date	e ▼	
	Other (specify)		525.00	
_	Full Name (Last, First, Middle Initial)			
•	Benjamin Hanson			Date of Receipt
	Mailing Address 2211 Sunny Slope Driv	/e		04 / D D / Y Y Y Y 04 29 2011
	City	State Zip Cod	le	Transaction ID: SA11AI.4583
	Austin	TX 78703		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Harden Healthcare	Occupation Sr Vice President &	General Counsel	
	Receipt For:	Aggregate Year-to-Date		1
	Primary General		1 1 1 1 1	
	Other (specify) 🔻		600.00	
Γ				225.00
	SUBTOTAL of Receipts This Page (optional)		••••••	
	TOTAL This David (last page this line much	ophy)	•	
L	TOTAL This Period (last page this line number	Unity)	·····	

5	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 40 / 100
	EMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	EMIZED RECEIPTS	Detailed Summary Page	
An	y information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any persor name and address of any political committee to s	13     14     15     16     17     16     17     16     17     16     17     16     17     16     17     16     17     16     17     16     17     16     17     16     17     16     17     17     16     17     17     16     17     17     16     17     17     16     17     17     1
	NAME OF COMMITTEE (In Full)		
	Harden Healthcare LLC Federal PAC		
×.	Full Name (Last, First, Middle Initial) Benjamin Hanson		Date of Receipt
	Mailing Address 2211 Sunny Slope Driv	/e	05 13 Y Y Y Y 05 113
	City	State Zip Code	Transaction ID: SA11AI.4584
	Austin	TX 78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer Harden Healthcare	Occupation Sr Vice President & General Counsel	
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General		
	Other (specify)	675.00	
	Full Name (Last, First, Middle Initial) Benjamin Hanson		Date of Receipt
	Mailing Address 2211 Sunny Slope Driv	/e	05 31 2011
	City	State Zip Code	Transaction ID: SA11AI.4585
	Austin	TX 78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer Harden Healthcare	Occupation Sr Vice President & General Counsel	
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General Other (specify) ▼	750.00	
	Full Name (Last, First, Middle Initial) Benjamin Hanson		Date of Receipt
•	Mailing Address 2211 Sunny Slope Driv	/e	0 6 1 5 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4586
	Austin	TX 78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer Harden Healthcare	Occupation Sr Vice President & General Counsel	1
	Receipt For:	Aggregate Year-to-Date ▼	7
	Primary     General       Other (specify) ▼	825.00	
S	UBTOTAL of Receipts This Page (optional)	۱ • • • • • • • • • • • • • • • • • • •	225.00
Т	<b>DTAL</b> This Period (last page this line number	only)	

			FOR LINE NUMBER: PAGE 41 / 100
	(FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 100 (check only one)
ITEMIZED RE	CEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 1
Any information copie or for commercial pu	ed from such Reports and Statem poses, other than using the name	ents may not be sold or used by any perso e and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	IITTEE (In Full)		
Harden Health	care LLC Federal PAC		
Full Name (Last, I Benjamin Hanson	First, Middle Initial)		Date of Receipt
Mailing Address	2211 Sunny Slope Drive		06 / 0 0 / Y Y Y Y 0 0 1 1
City		State Zip Code	Transaction ID: SA11AI.4587
Austin		TX 78703	Amount of Each Receipt this Period
FEC ID number o federal political co			75.00
Name of Employe Harden Healthcar	r O e S	ccupation r Vice President & General Counsel	_
Receipt For:		ggregate Year-to-Date ▼	-
Primary	General		
Other (spec	ify) ▼	900.00	
Full Name (Last, I James Hardee	First, Middle Initial)		Date of Receipt
Mailing Address	5925 West Lake Drive		0 2 / 1 5 / Y Y Y Y 0 2 1 1 5 2 0 1 1
City		State Zip Code	Transaction ID: SA11AI.4590
Sandia		TX 78383	Amount of Each Receipt this Period
FEC ID number o federal political co		C	100.00
Name of Employe TRISUN Healthca	r O are O	ccupation hief Operations Officer	_
Receipt For:	A	ggregate Year-to-Date 🔻	_
Primary Other (spec	ify) <b>▼</b>	300.00	
Full Name (Last, I James Hardee	First, Middle Initial)		Date of Receipt
Mailing Address	5925 West Lake Drive		02 28 2011
City		State Zip Code	Transaction ID: SA11AI.4591
Sandia		TX 78383	Amount of Each Receipt this Period
FEC ID number o federal political co			100.00
Name of Employe TRISUN Healthca		ccupation hief Operations Officer	1
Receipt For:	I	lggregate Year-to-Date ▼	1
Primary Other (spec	General	400.00	
	pints This Page (optional)		275.00
		····· •	275.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 42 / 100         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Rep or for commercial purposes, other tha	ports and Statements may not be sold or used by any persor in using the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	eral PAC	
Full Name (Last, First, Middle Initia A. James Hardee	al)	Date of Receipt
Mailing Address 5925 West La	ake Drive	03 / D D / Y Y Y Y 03 / 15 / 2011
City	State Zip Code	Transaction ID: SA11AI.4592
<u>Sandia</u>	TX 78383	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer TRISUN Healthcare	Occupation Chief Operations Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initia B. James Hardee	al)	Date of Receipt
Mailing Address 5925 West La	ake Drive	03 / <sup>D</sup> D / <u>Y</u> Y Y Y 2011
City	State Zip Code	Transaction ID: SA11AI.4593
<u>Sandia</u>	TX 78383	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer TRISUN Healthcare	Occupation Chief Operations Officer	
Receipt For:	Aggregate Year-to-Date V	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initia James Hardee	al)	Date of Receipt
Mailing Address 5925 West La	ake Drive	0 4 / D D / Y Y Y Y 0 4 1 5 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.4594
Sandia	TX 78383	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer TRISUN Healthcare	Occupation Chief Operations Officer	
Receipt For:	Aggregate Year-to-Date V	
Other (specify) ▼	700.00	
SUBTOTAL of Receipts This Page (	(optional)	300.00
	ne number only)	

SCHEDULE A (FEC For ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 43 / 100           (check only one)         X           X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Rep or for commercial purposes, other than	orts and Statements may not be sold or used by any person n using the name and address of any political committee to s	olicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	ral PAC	
Full Name (Last, First, Middle Initia James Hardee	l)	Date of Receipt
Mailing Address 5925 West La	ake Drive	04 29 Y Y Y Y 2011
City	State Zip Code	Transaction ID: SA11AI.4595
Sandia	TX 78383	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer TRISUN Healthcare	Occupation Chief Operations Officer	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary     General       Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initia James Hardee	l l)	Date of Receipt
Mailing Address 5925 West La	ake Drive	05 / D D / Y Y Y Y 05 13 2011
City	State Zip Code	Transaction ID: SA11AI.4596
<u>Sandia</u>	TX 78383	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer TRISUN Healthcare	Occupation Chief Operations Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	900.00	
Full Name (Last, First, Middle Initia James Hardee	l l)	Date of Receipt
Mailing Address 5925 West La	ake Drive	0 5 / D D / Y Y Y Y Y O 1 1
City	State Zip Code	Transaction ID: SA11AI.4597
Sandia	TX 78383	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b>	100.00
Name of Employer TRISUN Healthcare	Occupation Chief Operations Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (	optional)	300.00
	ne number only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 44 / 100         (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)           Harden Healthcare LLC Federal PAC		
⊻ ۸.	Full Name (Last, First, Middle Initial) James Hardee		Date of Receipt
	Mailing Address 5925 West Lake Drive		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.4598
	Sandia	TX 78383	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer TRISUN Healthcare	Occupation Chief Operations Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary   General     Other (specify)   Image: Constraint of the second seco	1100.00	]
-	Full Name (Last, First, Middle Initial) James Hardee	1	Date of Receipt
-	Mailing Address 5925 West Lake Drive	3	M M / D D / Y Y Y Y 06 30 2011
	City	State Zip Code	Transaction ID: SA11AI.4599
	Sandia	TX 78383	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer TRISUN Healthcare	Occupation Chief Operations Officer	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	1200.00	]
-	Full Name (Last, First, Middle Initial) Dana Marie Hasley		Date of Receipt
	Mailing Address 11855 N 207 E Avenu	е	M M / D D / Y Y Y Y 03 11 2011
	City	State Zip Code	Transaction ID: SA11AI.4604
	Claremore	OK 74019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Community Care	Occupation Regional Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify) ▼	250.00	]
Γ	SUBTOTAL of Receipts This Page (optional)		250.00
	SUBIVIAL OF necerpts This Page (optional)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 45 / 100           (check only one)         11a           X         11a           13         14           15         16           17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
۷ A.	Full Name (Last, First, Middle Initial) Dana Marie Hasley		Date of Receipt
	Mailing Address 11855 N 207 E Avenue	9	03 / 28 / Y Y Y Y 2011
	City	State Zip Code	Transaction ID: SA11AI.4605
	Claremore	OK 74019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Community Care	Occupation Regional Vice President	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	300.00	
- В.	Full Name (Last, First, Middle Initial) Dana Marie Hasley		Date of Receipt
	Mailing Address 11855 N 207 E Avenue	9	M M / D D / Y Y Y Y 04 13 2011
	City	State Zip Code	Transaction ID: SA11AI.4606
	Claremore	OK 74019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Community Care	Occupation Regional Vice President	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	350.00	
- C.	Full Name (Last, First, Middle Initial) Dana Marie Hasley	I	Date of Receipt
	Mailing Address 11855 N 207 E Avenue	9	M M / D D / Y Y Y Y 04 28 2011
	City	State Zip Code	Transaction ID: SA11AI.4607
	Claremore	OK 74019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Community Care	Occupation Regional Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	]
ſ	SUBTOTAL of Receipts This Page (optional)	· ······	150.00
ľ	TOTAL This Period (last page this line 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         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	itatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Dana Marie Hasley		Date of Receipt
	Mailing Address 11855 N 207 E Avenue	9	05 13 Y Y Y Y 05 13 2011
	City	State Zip Code	Transaction ID: SA11AI.4608
	Claremore	OK 74019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Community Care	Occupation Regional Vice President	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼	450.00	
- В.	Full Name (Last, First, Middle Initial) Dana Marie Hasley		Date of Receipt
	Mailing Address 11855 N 207 E Avenue	9	05 / D D / Y Y Y Y 05 / 27 / 2011
	City	State Zip Code	Transaction ID: SA11AI.4609
	Claremore	OK 74019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Community Care	Occupation Regional Vice President	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	500.00	
- C.	Full Name (Last, First, Middle Initial) Dana Marie Hasley		Date of Receipt
	Mailing Address 11855 N 207 E Avenue	e	0 6 1 3 Y Y Y Y Y 0 6 1 3 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4610
	Claremore	OK 74019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Community Care	Occupation Regional Vice President	
	Receipt For: Primary General Other (specify) $\blacksquare$	Aggregate Year-to-Date ▼ 550.00	
ſ	SUBTOTAL of Receipts This Page (optional)	·	150.00
Ī	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 100 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
Z			T
A.	Full Name (Last, First, Middle Initial) Dana Marie Hasley		Date of Receipt
	Mailing Address 11855 N 207 E Avenue	9	0 6 2 8 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4611
	Claremore	OK 74019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer Girling Community Care	Occupation Regional Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	600.00	
- 3.	Full Name (Last, First, Middle Initial) Robin J Hayes	I	Date of Receipt
	Mailing Address 6112 Jumano Lane		03 / D D / Y Y Y Y 2011
	City	State Zip Code	Transaction ID: SA11AI.4616
	Austin	TX 78749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Professional Services	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	250.00	
- ).	Full Name (Last, First, Middle Initial) Robin J Hayes	1	Date of Receipt
	Mailing Address 6112 Jumano Lane		03 / D D / Y Y Y Y Y 03 1 2011
	City	State Zip Code	Transaction ID: SA11AI.4617
	Austin	TX 78749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Professional Services	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	300.00	
Γ	SUBTOTAL of Receipts This Page (optional)	۱ 	150.00
┢		<b>V</b>	
	TOTAL This Period (last page this line number	only)	

	EDULE A (FEC Form 3X) IZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 48 / 100         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
or for co	ommercial purposes, other than using the	atements may not be sold or used by any persor name and address of any political committee to s	for the purpose of soliciting contributions
	/IE OF COMMITTEE (In Full) den Healthcare LLC Federal PAC		
A. Rob	Name (Last, First, Middle Initial) in J Hayes		Date of Receipt
Maii	ing Address 6112 Jumano Lane		0 4 / D D / Y Y Y Y 2 0 1 1
City		State Zip Code	Transaction ID: SA11AI.4618
<u>Aus</u>		TX 78749	Amount of Each Receipt this Period
	D number of contributing ral political committee.	C	50.00
Narr TRI	ne of Employer SUN Healthcare	Occupation Vice President, Professional Services	
Rec	eipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) <b>v</b>	350.00	
	Name (Last, First, Middle Initial) in J Hayes		Date of Receipt
Mail	ing Address 6112 Jumano Lane		0 4 / 2 9 / Y Y Y Y Y 0 4 2 9 2 0 1 1
City		State Zip Code	Transaction ID: SA11AI.4619
<u>Aus</u>		TX 78749	Amount of Each Receipt this Period
	D number of contributing ral political committee.	C	50.00
Narr TRI	ne of Employer SUN Healthcare	Occupation Vice President, Professional Services	
Rec	eipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	400.00	
	Name (Last, First, Middle Initial) in J Hayes		Date of Receipt
Mail	ing Address 6112 Jumano Lane		05 / 13 / Y Y Y Y 011 1 0 0 1 1
City		State Zip Code	Transaction ID: SA11AI.4620
<u>Aus</u>		TX 78749	Amount of Each Receipt this Period
	D number of contributing ral political committee.	C	50.00
Narr TRI	ne of Employer SUN Healthcare	Occupation Vice President, Professional Services	
Rec	eipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBT	OTAL of Receipts This Page (optional)	••••••	150.00
ΤΟΤΑ	L This Period (last page this line number c	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 49 / 100           (check only one)         Image: Constraint of the second seco
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	name and address of any political committee to s	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Robin J Hayes		Date of Receipt
	Mailing Address 6112 Jumano Lane		05 / D D / Y Y Y Y 015 / 31 2011
	City	State Zip Code	Transaction ID: SA11AI.4621
	Austin	TX 78749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Professional Services	
	Receipt For:	Aggregate Year-to-Date 🔻	-
	Primary     General       Other (specify) ▼	500.00	
В.	Full Name (Last, First, Middle Initial) Robin J Hayes		Date of Receipt
	Mailing Address 6112 Jumano Lane		M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4622
	Austin FEC ID number of contributing federal political committee.	TX 78749	Amount of Each Receipt this Period 50.00
	Name of Employer TRISUN Healthcare	Occupation	
	Receipt For:	Vice President, Professional Services	-
	Primary General Other (specify) <b>▼</b>	550.00	
C.	Full Name (Last, First, Middle Initial) Robin J Hayes		Date of Receipt
	Mailing Address 6112 Jumano Lane		0 6 / D D / Y Y Y Y 0 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4623
	Austin	TX 78749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Professional Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  600.00	
	SUBTOTAL of Receipts This Page (optional)	▶	150.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 50 / 100       (check only one)     11c     12
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
۷ A.	Full Name (Last, First, Middle Initial) Kelly Ann Jalowiec	Date of Receipt	
	Mailing Address 1410 W Fillmore St		03 / 15 / Y Y Y Y 2011
	City	State Zip Code	Transaction ID: SA11AI.4669
	Chicago	IL 60607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Home Health	Occupation Vice President, Operations	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	250.00	
- В.	Full Name (Last, First, Middle Initial) Kelly Ann Jalowiec		Date of Receipt
	Mailing Address 1410 W Fillmore St		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.4670
	Chicago	IL 60607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Home Health	Occupation Vice President, Operations	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	300.00	
- C.	Full Name (Last, First, Middle Initial) Kelly Ann Jalowiec		Date of Receipt
	Mailing Address 1410 W Fillmore St		M M / D D / Y Y Y Y 04 15 2011
	City	State Zip Code	Transaction ID: SA11AI.4671
	Chicago	IL 60607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer Girling Home Health	Occupation Vice President, Operations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	150.00
ľ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Si	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 51 / 100           (check only one)         (check 112)           X         11a         11b         11c         12           13         14         15         16         17
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Kelly Ann Jalowiec Mailing Address 1410 W Fillmore St		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.4672
	Chicago	IL 60607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Home Health	Occupation Vice President, Operations	
	Receipt For:	Aggregate Year-to-Date V	
	<ul> <li>Primary</li> <li>General</li> <li>Other (specify) ▼</li> </ul>	400.00	]
В.	Full Name (Last, First, Middle Initial) Kelly Ann Jalowiec		Date of Receipt
	Mailing Address 1410 W Fillmore St		05 / D D / Y Y Y Y 2011
	City	State Zip Code	Transaction ID: SA11AI.4673
	Chicago FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Girling Home Health	Occupation Vice President, Operations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	1
	Full Name (Last, First, Middle Initial)		
C.	Kelly Ann Jalowiec Mailing Address 1410 W Fillmore St		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.4674
	Chicago	IL 60607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Home Health	Occupation Vice President, Operations	
	Receipt For: Primary General 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 (FE	PTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 52 / 100           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
Any information copied from or for commercial purposes. NAME OF COMMITTEE Harden Healthcare L	, other than using the name and ac E (In Full)	ay not be sold or used by any personal dress of any political committee to the sold of any political committee to the sold of	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, M			
A. Kelly Ann Jalowiec Mailing Address 1410	W Fillmore St	Date of Receipt	
City	State	Zip Code	Transaction ID: SA11AI.4675
Chicago	IL	60607	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			50.00
Name of Employer Girling Home Health	Occupation Vice Pre-	on esident, Operations	
Receipt For:	General	e Year-to-Date 🔻	
Other (specify)		550.00	
Full Name (Last, First, M Kelly Ann Jalowiec	liddle Initial)		Date of Receipt
Mailing Address 1410	W Fillmore St		M · M         /         D · D         /         Y · Y · Y · Y         Y         Y · Y · Y         Y
City	State	Zip Code	Transaction ID: SA11AI.4676
<u>Chicago</u> FEC ID number of contri	ibuting	60607	Amount of Each Receipt this Period
federal political committe			50.00
Name of Employer Girling Home Health	Occupation Vice Pre	on esident, Operations	
Receipt For:		e Year-to-Date 🔻	
Primary   0     Other (specify)   The second sec	General	600.00	
Full Name (Last, First, M Diane Kenyon	liddle Initial)		Date of Receipt
Mailing Address 285	E Summit Dr		M M / D D / Y Y Y Y 01 31 2011
City	State	Zip Code	Transaction ID: SA11AI.4702
Wimberley FEC ID number of contri	TX	78676	Amount of Each Receipt this Period
federal political committe			125.00
Name of Employer Harden Healthcare Servi	Senior V	/ice President, IT	
Receipt For: Primary ( Other (specify) ▼	General	e Year-to-Date 250.00	
			225.00
SUBTOTAL of Receipts T	his Page (optional)		L
TOTAL This Period (last p	age this line number only)		•

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 53 / 100         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
⊻ A.	Full Name (Last, First, Middle Initial) Diane Kenyon		Date of Receipt
	Mailing Address 285 E Summit Dr		02 / D D / Y Y Y Y 02 15 2011
	City	State Zip Code	Transaction ID: SA11AI.4703
	Wimberley	TX 78676	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Harden Healthcare Services	Occupation Senior Vice President, IT	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	375.00	
– В.	Full Name (Last, First, Middle Initial) Diane Kenyon		Date of Receipt
	Mailing Address 285 E Summit Dr		02 / D D / Y Y Y Y 02 28 2011
	City	State Zip Code	Transaction ID: SA11AI.4704
	Wimberley	TX 78676	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Harden Healthcare Services	Occupation Senior Vice President, IT	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
– C.	Full Name (Last, First, Middle Initial) Diane Kenyon		Date of Receipt
	Mailing Address 285 E Summit Dr		0 3 1 5 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4705
	Wimberley	TX 78676	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Harden Healthcare Services	Occupation Senior Vice President, IT	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
	SUBTOTAL of Receipts This Page (optional)		375.00
F	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 54 / 100         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       11
	Any information copied from such Reports and S or for commercial purposes, other than using the	Enterements may not be sold or used by any person a name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
۷ ۸.	Full Name (Last, First, Middle Initial) Diane Kenyon		Date of Receipt
	Mailing Address 285 E Summit Dr		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.4706
	Wimberley	TX 78676	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Harden Healthcare Services	Occupation Senior Vice President, IT	
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary     General       Other (specify) ▼	750.00	
- 3.	Full Name (Last, First, Middle Initial) Diane Kenyon	1	Date of Receipt
	Mailing Address 285 E Summit Dr		M M / D D / Y Y Y Y 04 29 2011
	City	State Zip Code	Transaction ID: SA11AI.4707
	Wimberley	TX 78676	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Harden Healthcare Services	Occupation Senior Vice President, IT	
	Receipt For:	Aggregate Year-to-Date V	
	Primary   General     Other (specify)	875.00	
-	Full Name (Last, First, Middle Initial) Diane Kenyon		Date of Receipt
	Mailing Address 285 E Summit Dr		05 / <sup>D</sup> <sup>D</sup> <sup>D</sup> <sup>D</sup> <sup>A</sup> <sup>Y</sup>
	City	State Zip Code	Transaction ID: SA11AI.4708
	Wimberley	TX 78676	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Harden Healthcare Services	Occupation Senior Vice President, IT	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Г			

	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)         X           X         11a			
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.			
	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		M · M         /         D · D         /         Y · Y · Y · Y         Y           05         31         2011			
	City	State Zip Code	Transaction ID: SA11AI.4709			
	Wimberley	TX 78676	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	125.00			
	Name of Employer Harden Healthcare Services	Occupation Senior Vice President, IT				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary     General       Other (specify) ▼	1125.00				
- B.	Full Name (Last, First, Middle Initial) Diane Kenyon		Date of Receipt			
	Mailing Address 285 E Summit Dr		0 6 / D D / Y Y Y Y 0 6 1 5 2 0 1 1			
	City	State Zip Code	Transaction ID: SA11AI.4710			
	Wimberley	TX 78676	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	125.00			
	Name of Employer Harden Healthcare Services	Occupation Senior Vice President, IT				
	Receipt For: Primary General	Aggregate Year-to-Date 🔻				
	Other (specify)	1250.00				
- C.	Full Name (Last, First, Middle Initial) Diane Kenyon		Date of Receipt			
	Mailing Address 285 E Summit Dr		M         M         /         D         D         /         Y			
	City	State Zip Code	Transaction ID: SA11AI.4711			
	Wimberley	TX 78676	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		125.00			
	Name of Employer Harden Healthcare Services	Occupation Senior Vice President, IT	_			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00				
ſ			375.00			
╞	SUBTOTAL of Receipts This Page (optional)	-				
	<b>TOTAL</b> This Period (last page this line number	only) 🕨				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	f [ ] Statements may not	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 56 / 100         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17         on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	name and addres	s of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Kimberly A Layton Mailing Address 9513 Prescott Drive			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.4719
	Austin	TX	78748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Harden Healthcare	Occupation President, Le	eadership Development I	nst
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 300.00	]
в.	Full Name (Last, First, Middle Initial) Kimberly A Layton Mailing Address 9513 Prescott Drive			Date of Receipt
	Maining Address 9513 Prescott Drive			0 2 / 2 8 / Y Y Y 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.4720
	Austin	TX	78748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Harden Healthcare	1 1	eadership Development I	nst
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 400.00	]
с.	Full Name (Last, First, Middle Initial) Kimberly A Layton			Date of Receipt
	Mailing Address 9513 Prescott Drive			M M M / D D / Y Y Y Y 03 / 15 / 2011
	City	State	Zip Code	Transaction ID: SA11AI.4721
	Austin FEC ID number of contributing	TX	78748	Amount of Each Receipt this Period
	federal political committee.	C		100.00
	Name of Employer Harden Healthcare	1 1	eadership Development I	nst
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 500.00	]
	SUBTOTAL of Receipts This Page (optional)	•		300.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE $57 / 100$ (check only one)X11a11b11c121314151617erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)           Harden Healthcare LLC Federal PAC	name and address of any political committee	e to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Kimberly A Layton Mailing Address 9513 Prescott Drive		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.4722
	Austin	TX 78748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Harden Healthcare	Occupation President, Leadership Developmen	nt Inst
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
B.	Full Name (Last, First, Middle Initial) Kimberly A Layton Mailing Address 9513 Prescott Drive		Date of Receipt
	Maining Address 9513 Prescoll Drive		0 4 1 5 Y Y Y Y 0 1 1 5 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4723
	Austin	TX 78748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Harden Healthcare	Occupation President, Leadership Developmer	nt Inst
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
с.	Full Name (Last, First, Middle Initial) Kimberly A Layton		Date of Receipt
	Mailing Address 9513 Prescott Drive		M M / D D / Y Y Y Y 04 29 2011
	City	State Zip Code	Transaction ID: SA11AI.4724
	Austin	TX 78748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Harden Healthcare	Occupation President, Leadership Developmer	nt Inst
	Receipt For: Primary General 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 Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 58 / 100           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	name and address of any political committee	e to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Kimberly A Layton Mailing Address 9513 Prescott Drive		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.4725
	Austin	TX 78748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Harden Healthcare	Occupation President, Leadership Developmen	nt Inst
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
B.	Full Name (Last, First, Middle Initial) Kimberly A Layton Mailing Address 9513 Prescott Drive		Date of Receipt
			05 31 2011
	City	State Zip Code	Transaction ID: SA11AI.4726
	Austin	TX 78748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Harden Healthcare	Occupation President, Leadership Developmen	nt Inst
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  1000.00	
с.	Full Name (Last, First, Middle Initial) Kimberly A Layton		Date of Receipt
	Mailing Address 9513 Prescott Drive		M         /         D         D         Y
	City	State Zip Code	Transaction ID: SA11AI.4727
	Austin FEC ID number of contributing federal political committee.	TX 78748	Amount of Each Receipt this Period
	Name of Employer Harden Healthcare	Occupation President, Leadership Developmen	nt Inst
	Receipt For: Primary General 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 59 / 100         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	Harden Healthcare LLC Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Kimberly A Layton		Date of Receipt
	Mailing Address 9513 Prescott Drive		0 6 / 3 0 / Y Y Y Y 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4728
	Austin	TX 78748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Harden Healthcare	Occupation President, Leadership Development Ir	nst
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1200.00	
- B.	Full Name (Last, First, Middle Initial) George Ledbetter		Date of Receipt
	Mailing Address 1620 Elderhill Road		03 / 15 / Y Y Y Y 2011
	City	State Zip Code	Transaction ID: SA11AI.4733
	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: Primary General	Aggregate Year-to-Date ▼ 250.00	
_	Other (specify)		
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 03 31 2011
	City	State Zip Code	Transaction ID: SA11AI.4734
	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
ſ	SUBTOTAL of Receipts This Page (optional) .	·	200.00
	TOTAL This Period (last page this line number	r only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 60 / 100       (check only one)     11a       X     11a       I1b     11c       I2
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
۷ 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 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:	Aggregate Year-to-Date	
	Primary     General       Other (specify)     ▼	350.00	
- В.	Full Name (Last, First, Middle Initial) George Ledbetter		Date of Receipt
	Mailing Address 1620 Elderhill Road		04 / D D / Y Y Y Y 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: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	400.00	
- C.	Full Name (Last, First, Middle Initial) George Ledbetter		Date of Receipt
	Mailing Address 1620 Elderhill Road		05 / 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: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	450.00	
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	150.00
F	TOTAL This Period (last page this line number	only)	

			FOR LINE NUMBER: PAGE 61 / 100
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
-			13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	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		0 5 / D D / Y Y Y Y 0 5 / 3 1 / 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4738
	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:	Aggregate Year-to-Date ▼	-
	Primary General		
	Other (specify)	500.00	
в.	Full Name (Last, First, Middle Initial) George Ledbetter		Date of Receipt
	Mailing Address 1620 Elderhill Road		0 6 / D D / Y Y Y Y 0 6 1 5 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4739
	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:	Aggregate Year-to-Date V	_
	Primary     General       Other (specify) ▼	550.00	
-	Full Name (Last, First, Middle Initial)		Data of Respirit
C.	George Ledbetter Mailing Address 1620 Elderhill Road		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.4740
	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:	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify) ▼	600.00	
	SUBTOTAL of Receipts This Page (optional)	I	150.00
	TOTAL This Period (last page this line number		
		, / ·······························	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	24-4	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 62 / 100           (check only one)
An or	y information copied from such Reports and S for commercial purposes, other than using the	statements may e name and add	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC			
Α.	Full Name (Last, First, Middle Initial) Lewis N Little			Date of Receipt
	Mailing Address 2525 Jarratt Ave			0 1 1 4 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.4741
	Austin	TX	78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Harden Healthcare	Occupation Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼	0.0	750.00	]
<u>—</u> В.	Full Name (Last, First, Middle Initial) Lewis N Little	1		Date of Receipt
	Mailing Address 2525 Jarratt Ave			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.4742
	Austin	TX	78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Harden Healthcare	Occupation Chief Exe	n ecutive Officer	
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	_
	Other (specify) ▼	0 0	1500.00	
с.	Full Name (Last, First, Middle Initial) Lewis N Little	1		Date of Receipt
	Mailing Address 2525 Jarratt Ave			M M         /         D D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.4743
	Austin	TX	78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Harden Healthcare	Occupation Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Primary General Other (specify) ▼		2250.00	]
s	<b>UBTOTAL</b> of Receipts This Page (optional)			2250.00
	OTAL This Period (last page this line number		•	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 63 / 100       (check only one)     X       X     11a       11b     11c       12
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
۷ A.	Full Name (Last, First, Middle Initial) Lewis N Little		Date of Receipt
	Mailing Address 2525 Jarratt Ave		02 28 YYYY 011 02 011
	City	State Zip Code	Transaction ID: SA11AI.4744
	Austin	TX 78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	750.00
	Name of Employer Harden Healthcare	Occupation Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	3000.00	
- В.	Full Name (Last, First, Middle Initial) Lewis N Little		Date of Receipt
	Mailing Address 2525 Jarratt Ave		03 / D D / Y Y Y Y 03 15 2011
	City	State Zip Code	Transaction ID: SA11AI.4745
	Austin	TX 78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	750.00
	Name of Employer Harden Healthcare	Occupation Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	3750.00	
– C.	Full Name (Last, First, Middle Initial) Lewis N Little	I	Date of Receipt
	Mailing Address 2525 Jarratt Ave		03 / D D / Y Y Y Y 03 / 31 / 2011
	City	State Zip Code	Transaction ID: SA11AI.4746
	Austin	TX 78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		750.00
	Name of Employer Harden Healthcare	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	2250.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE $64 / 100$ (check only one)(check only one)X11a11b1314151617on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
	Harden Healthcare LLC Federal PAC			
Α.	Full Name (Last, First, Middle Initial) Lewis N Little			Date of Receipt
	Mailing Address 2525 Jarratt Ave			0 4 1 5 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.4747
	Austin	TX	78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Harden Healthcare	Occupatio Chief Ex	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	0 0	5000.00	]
В.	Full Name (Last, First, Middle Initial) Maria A MacKeil	I		Date of Receipt
	Mailing Address 8820 Colberg Dr			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.4769
	Austin	TX	78749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Harden Healthcare	Occupatio Director	n of Internal Audit	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	225.00	]
С.	Full Name (Last, First, Middle Initial) Maria A MacKeil			Date of Receipt
	Mailing Address 8820 Colberg Dr			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.4770
	Austin	TX	78749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Harden Healthcare	Occupatio Director	n of Internal Audit	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	0 0	250.00	
	SUBTOTAL of Receipts This Page (optional)			550.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 65 / 100
		Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	Harden Healthcare LLC Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Maria A MacKeil		Date of Receipt
	Mailing Address 8820 Colberg Dr		0 6 / 0 0 / Y Y Y Y 0 6 / 3 0 / 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4771
	Austin	TX 78749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Harden Healthcare	Occupation Director of Internal Audit	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General	275.00	
-	Other (specify)		
В.	Full Name (Last, First, Middle Initial) Michael A McMaude		Date of Receipt
	Mailing Address 640 E 3rd Ave		03 / <sup>D</sup> D / <u>Y Y Y Y</u> 2011
	City	State Zip Code	Transaction ID: SA11AI.4781
	Durango	CO 81301-5253	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Harden Healthcare	Occupation Chief Operating Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	<ul><li>Primary General</li><li>Other (specify) ▼</li></ul>	250.00	
С.	Full Name (Last, First, Middle Initial) Michael A McMaude	1	Date of Receipt
	Mailing Address 640 E 3rd Ave		03 31 2011
	City	State Zip Code	Transaction ID: SA11AI.4782
	Durango	CO 81301-5253	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer Harden Healthcare	Occupation Chief Operating Officer	
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	300.00	
	SUBTOTAL of Receipts This Page (optional)	·····	125.00
	TOTAL This Period (last page this line number		
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	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 66 / 100
	ITEMIZED RECEIPTS	Use separate schedu for each category of	
		Detailed Summary P	age X 11a 11b 11c 12 13 14 15 16 17
			any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
ľ	NAME OF COMMITTEE (In Full)		
	Harden Healthcare LLC Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Michael A McMaude		Date of Receipt
	Mailing Address 640 E 3rd Ave		0 4 / D D / Y Y Y Y 1 5 / 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4783
		CO 81301-5253	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer Harden Healthcare	Occupation Chief Operating Officer	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	350	0.00
-		0 0 0 0 0 0 0	· · ·
В.	Full Name (Last, First, Middle Initial) Michael A McMaude		Date of Receipt
	Mailing Address 640 E 3rd Ave		
	City	State Zip Code	Transaction ID: SA11AI.4784
	Durango	CO 81301-5253	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Harden Healthcare	Occupation Chief Operating Officer	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	400	0.00
с.	Full Name (Last, First, Middle Initial) Michael A McMaude		Date of Receipt
•	Mailing Address 640 E 3rd Ave		0 5 1 3 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4785
	Durango	CO 81301-5253	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Harden Healthcare	Occupation Chief Operating Officer	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	450	0.00
	SUBTOTAL of Receipts This Page (optional)		150.00
	TOTAL This Period (last page this line number		
l		······	···· 7

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 67 / 100
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
		Detailed Summary Page	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the		
ľ	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		
	City	State Zip Code	Transaction ID: SA11AI.4786
	Durango	CO 81301-5253	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Harden Healthcare	Occupation	
	Receipt For:	Chief Operating Officer Aggregate Year-to-Date	
	Primary General		-
	Other (specify)	500.00	
- В.	Full Name (Last, First, Middle Initial) Michael A McMaude		Date of Receipt
	Mailing Address 640 E 3rd Ave		0 6 1 5 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4787
	Durango	CO 81301-5253	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Harden Healthcare	Occupation Chief Operating Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	550.00	
с.	Full Name (Last, First, Middle Initial) Michael A McMaude		Date of Receipt
	Mailing Address 640 E 3rd Ave		0 6 3 0 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4788
	Durango	CO 81301-5253	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Harden Healthcare	Occupation Chief Operating Officer	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	600.00	
	SUBTOTAL of Receipts This Page (optional)	I	150.00
	TOTAL This Period (last page this line number	UIIIy)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 100 (check only one) X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.
	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		M M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.4793
	Glendale FEC ID number of contributing federal political committee.	AZ 85310	Amount of Each Receipt this Period 50.00
	Name of Employer Girling Home Health	Occupation Vice President	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
– B.	Full Name (Last, First, Middle Initial) Kenneth Meyers Mailing Address 6118 W Louise Drive		Date of Receipt
	Mailing Address 6118 W Louise Drive		03 / 31 / Y Y Y Y 03 1 / 2011
	City Glendale	State Zip Code AZ 85310	Transaction ID: SA11AI.4794
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
	Name of Employer Girling Home Health	Occupation Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
- C.	Full Name (Last, First, Middle Initial) Kenneth Meyers		Date of Receipt
	Mailing Address 6118 W Louise Drive		04 15 Y Y Y Y 04 15
	City Glendale	State Zip Code AZ 85310	Transaction ID: SA11AI.4795 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Home Health	Occupation Vice President	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Γ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	150.00
+	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<b>·</b>	

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	SCHEDULE A (FEC Form 3X)	Lise separa	te schedule(s)	FOR LINE NUMBER: PAGE 69 / 100
	· · · ·		tegory of the	(check only one)
	ITEMIZED RECEIPTS		immary Page	X 11a 11b 11c 12
_			,	13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may not be sold or name and address of any po	used by any perso litical committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Harden Healthcare LLC Federal PAC			
۷ A.	Full Name (Last, First, Middle Initial) Kenneth Meyers			Date of Receipt
	Mailing Address 6118 W Louise Drive			0 4 / D D / Y Y Y Y 0 4 2 9 2 0 1 1
	City	State Zip Code		Transaction ID: SA11AI.4796
	Glendale	AZ 85310		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0 0	50.00
	· · · · · · · · · · · · · · · · · · ·			
	Name of Employer Girling Home Health	Occupation Vice President		
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary General		400.00	
	Other (specify)		400.00	
- В.	Full Name (Last, First, Middle Initial) Kenneth Meyers			Date of Receipt
	Mailing Address 6118 W Louise Drive			05 / D D / Y Y Y Y 02011
	City	State Zip Code		Transaction ID: SA11AI.4797
	Glendale	AZ 85310		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Girling Home Health	Occupation Vice President		-
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary General Other (specify) ▼		450.00	
-	Full Name (Last, First, Middle Initial)			
C.	Kenneth Meyers			Date of Receipt
	Mailing Address 6118 W Louise Drive			05 31 Y Y Y Y 05 31 2011
	City	State Zip Code		Transaction ID: SA11AI.4798
	Glendale	AZ 85310		
		<u>AZ 85310</u>		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Girling Home Health	Occupation Vice President		
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary General Other (specify) ▼		500.00	
ſ	CURTOTAL of Descripto This Daws (artists)			150.00
┝	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line 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)         11a           X         11a           11b         11c           12           10
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
۷ A.	Full Name (Last, First, Middle Initial) Kenneth Meyers		Date of Receipt
	Mailing Address 6118 W Louise Drive		06 / D D / Y Y Y Y 02011
	City	State Zip Code	Transaction ID: SA11AI.4799
	Glendale	AZ 85310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Home Health	Occupation Vice President	
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify)     ▼	550.00	
- В.	Full Name (Last, First, Middle Initial) Deborah Morgan		Date of Receipt
	Mailing Address 5404 Agatha Circle		03 / D D / Y Y Y Y 03 15 2011
	City	State Zip Code	Transaction ID: SA11AI.4804
	Austin	TX 78724	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Harden Healthcare Services	Occupation PMO Director	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	250.00	
- C.	Full Name (Last, First, Middle Initial) Deborah Morgan		Date of Receipt
	Mailing Address 5404 Agatha Circle		03 / D D / Y Y Y Y 03 / 31 2011
	City	State Zip Code	Transaction ID: SA11AI.4805
	Austin	TX 78724	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Harden Healthcare Services	Occupation PMO Director	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) <b>v</b>	300.00	
ſ	SUBTOTAL of Receipts This Page (optional)		150.00
Ī	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 71 / 100           (check only one)         X           X         11a           13         14
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	Harden Healthcare LLC Federal PA	0	
Α.	Full Name (Last, First, Middle Initial) Deborah Morgan		Date of Receipt
	Mailing Address 5404 Agatha Circle		0 4 <sup>2</sup> 9 2 0 1 1
	City	State Zip Code TX 78724	Transaction ID: SA11AI.4806
	Austin FEC ID number of contributing federal political committee.	TX 78724	Amount of Each Receipt this Period
	Name of Employer Harden Healthcare Services	Occupation PMO Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	]
- B.	Full Name (Last, First, Middle Initial) Deborah Morgan Mailing Address 5404 Agatha Circle		Date of Receipt
	City	State Zip Code	
	Austin	TX 78724	Transaction ID: SA11AI.4807 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Harden Healthcare Services	Occupation PMO Director	7
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
- C.	Full Name (Last, First, Middle Initial) Deborah Morgan		Date of Receipt
-	Mailing Address 5404 Agatha Circle		0 5 / 0 1 1 2 0 1 1
	City Austin	State Zip Code TX 78724	Transaction ID: SA11AI.4808 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Harden Healthcare Services	Occupation PMO Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
ſ	SUBTOTAL of Receipts This Page (optional)		150.00

		FOR LINE NUMBER: PAGE 72/100
SCHEDULE A (FEC Form 3		(check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
	Detailed Summary Fage	
Any information copied from such Reports or for commercial purposes, other than using the second sec	and Statements may not be sold or used by any person ng the name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Harden Healthcare LLC Federal F	PAC	
Full Name (Last, First, Middle Initial) Deborah Morgan		Date of Receipt
Mailing Address 5404 Agatha Circ		0 6 / D D / Y Y Y Y 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.4809
Austin	TX 78724	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Harden Healthcare Services	Occupation PMO Director	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	500.00	
Other (specify)		
Full Name (Last, First, Middle Initial) Deborah Morgan		Date of Receipt
Mailing Address 5404 Agatha Circ	le	0 6 / <sup>D</sup> D J O / <u>Y Y Y Y Y</u> <u>Y</u> Y
City	State Zip Code	Transaction ID: SA11AI.4810
Austin	TX 78724	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Harden Healthcare Services	Occupation PMO Director	
Receipt For:	Aggregate Year-to-Date 🔻	_
Primary General	550.00	
Other (specify)		
Full Name (Last, First, Middle Initial) Joseph Odom	·	Date of Receipt
Mailing Address 13020 Humphrey	Drive	M M / D D / Y Y Y Y 03 31 2011
City	State Zip Code	Transaction ID: SA11AI.4815
Austin	TX 78729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Harden Healthcare Services	Occupation IT Manager	1
Receipt For:	Aggregate Year-to-Date ▼	]
Primary     General       Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (ontio	nal)	150.00
TOTAL This Period (last page this line nu	Imber only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 73 / 100           (check only one)
Ai	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by any person e name and address of any political committee to a	n for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
<u>لا</u> م.	Full Name (Last, First, Middle Initial) Joseph Odom		Date of Receipt
	Mailing Address 13020 Humphrey Driv	/e	04 / D D / Y Y Y Y 04 15 2011
	City	State Zip Code	Transaction ID: SA11AI.4816
	Austin FEC ID number of contributing federal political committee.	TX 78729	Amount of Each Receipt this Period
	Name of Employer Harden Healthcare Services	Occupation IT Manager	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
. —	Full Name (Last, First, Middle Initial) Joseph Odom Mailing Address 13020 Humphrey Driv		Date of Receipt
			04 29 2011
	City Austin	State Zip Code TX 78729	Transaction ID: SA11AI.4817 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer Harden Healthcare Services	Occupation IT Manager	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Joseph Odom		Date of Receipt
	Mailing Address 13020 Humphrey Driv	/e	05 13 Y Y Y Y 05 13 2011
	City	State Zip Code	Transaction ID: SA11AI.4818
	Austin FEC ID number of contributing federal political committee.	TX 78729	Amount of Each Receipt this Period 50.00
	Name of Employer Harden Healthcare Services	Occupation IT Manager	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
		1	150.00

	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)         11a           X         11a           13         14           15         16           17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC			
Α.	Full Name (Last, First, Middle Initial) Joseph Odom			Date of Receipt
	Mailing Address 13020 Humphrey Drive	e		M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.4819
	Austin FEC ID number of contributing federal political committee.	TX C	78729	Amount of Each Receipt this Period
	Name of Employer Harden Healthcare Services	Occupatio IT Manag		
	Receipt For: Primary General Other (specify) ▼	1 1	e Year-to-Date ▼ 450.00	]
B.	Full Name (Last, First, Middle Initial) Joseph Odom			Date of Receipt
	Mailing Address 13020 Humphrey Drive	e		0 6 / D D / Y Y Y Y 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.4820
	Austin FEC ID number of contributing federal political committee.	C	78729	Amount of Each Receipt this Period
	Name of Employer Harden Healthcare Services	Occupatio IT Manag	ger	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date 500.00	]
С.	Full Name (Last, First, Middle Initial) Joseph Odom			Date of Receipt
	Mailing Address 13020 Humphrey Drive	e		M M / D D / Y Y Y Y 06 30 2011
	City	State	Zip Code	Transaction ID: SA11AI.4821
	Austin FEC ID number of contributing federal political committee.	TX C	78729	Amount of Each Receipt this Period 50.00
	Name of Employer Harden Healthcare Services	Occupatio IT Manag		
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date V 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	fc D	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER:         PAGE 75 / 100           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	name and address	of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC			
А.	Full Name (Last, First, Middle Initial) Victoria Palm			Date of Receipt
	Mailing Address 3507 Abrazo			05 / P D / Y Y Y Y 05 13 2011
	City	State	Zip Code	Transaction ID: SA11AI.4830
	San Antonio	TX	78247	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer TRISUN Healthcare	Occupation Regional Vice	e President	
	Receipt For:	Aggregate Yea		
	Primary     General       Other (specify) ▼	0 0 0	225.00	]
в.	Full Name (Last, First, Middle Initial) Victoria Palm			Date of Receipt
	Mailing Address 3507 Abrazo			M         M         /         D         D         /         Y
	City		Zip Code	Transaction ID: SA11AI.4831
	San Antonio	TX	78247	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer TRISUN Healthcare	Occupation Regional Vice	e President	
	Receipt For:	Aggregate Yea	r-to-Date 🔻	
	Primary     General       Other (specify) ▼		250.00	]
C.	Full Name (Last, First, Middle Initial) Victoria Palm			Date of Receipt
	Mailing Address 3507 Abrazo			M M / D D / Y Y Y Y 06 15 2011
	City		Zip Code	Transaction ID: SA11AI.4832
	San Antonio	TX	78247	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer TRISUN Healthcare	Occupation Regional Vice	e President	
	Receipt For:	Aggregate Yea	r-to-Date 🔻	_
	Other (specify) ▼		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 76 / 100         (check only one)       7         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC			
Α.	Full Name (Last, First, Middle Initial) Victoria Palm			Date of Receipt
	Mailing Address 3507 Abrazo			0 6 / D D / Y Y Y Y 0 6 3 0 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.4833
	San Antonio	TX	78247	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer TRISUN Healthcare	Occupation Regional	<sup>n</sup> Vice President	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	300.00	
в.	Full Name (Last, First, Middle Initial) Mark Pinckard			Date of Receipt
	Mailing Address 2913 Richfield Landing	g		05 13 Y Y Y Y 011 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City	State	Zip Code	Transaction ID: SA11AI.4845
	Pflugerville	TX	78660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Girling Community Care	Occupation Financial		
	Receipt For:	Aggregate	Year-to-Date V	_
	Primary     General       Other (specify) ▼	0 0	225.00	
С.	Full Name (Last, First, Middle Initial) Mark Pinckard			Date of Receipt
	Mailing Address 2913 Richfield Landing	g		05 / 0 1 / Y Y Y Y 05 / 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.4846
		TX	78660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Girling Community Care	Occupation Financial	Analyst	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	250.00	
	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)         11a           X         11a           11b         11c           12           13
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
۷ A.	Full Name (Last, First, Middle Initial) Mark Pinckard		Date of Receipt
	Mailing Address 2913 Richfield Landing	)	06 / D D / Y Y Y Y 02011
	City	State Zip Code	Transaction ID: SA11AI.4847
	Pflugerville	TX 78660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Girling Community Care	Occupation Financial Analyst	
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify)	275.00	
- В.	Full Name (Last, First, Middle Initial) Mark Pinckard		Date of Receipt
	Mailing Address 2913 Richfield Landing	)	M M / D D / Y Y Y Y 06 30 2011
	City	State Zip Code	Transaction ID: SA11AI.4848
	Pflugerville	TX 78660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Girling Community Care	Occupation Financial Analyst	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	300.00	
- C.	Full Name (Last, First, Middle Initial) Robin A Polk		Date of Receipt
	Mailing Address 201 CR 326A		M M / D D / Y Y Y Y 05 13 2011
	City	State Zip Code	Transaction ID: SA11AI.4857
	Rosebud	TX 76570	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Girling Community Care	Occupation Regional Manager, Compliance	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) $\bigtriangledown$	225.00	
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	75.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A ( ITEMIZED RECI	•	Use separate schedule( for each category of the Detailed Summary Page	
Any information copied for or for commercial purpos	rom such Reports and Statemen ses, other than using the name a	ts may not be sold or used by any nd address of any political commit	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITT Harden Healthcard	ree (In Full) e LLC Federal PAC		
Full Name (Last, First Robin A Polk	t, Middle Initial)		Date of Receipt
Mailing Address 20	01 CR 326A		05 / 0 1 / Y Y Y Y 0 3 1 / 2 0 1 1
City	Sta	ate Zip Code	Transaction ID: SA11AI.4858
Rosebud	Tک	76570	Amount of Each Receipt this Period
FEC ID number of co federal political comm			25.00
Name of Employer Girling Community C	oro	upation ional Manager, Compliance	
Receipt For:	· · · · ·	regate Year-to-Date V	
Primary	General	250.00	
Other (specify)	▼	230.00	
Full Name (Last, First Robin A Polk	t, Middle Initial)		Date of Receipt
Mailing Address 20	01 CR 326A		M = M         /         D = D         /         Y = Y = Y         Y           0 6         1 5         2 0 1 1
City	Sta	1	Transaction ID: SA11AI.4859
Rosebud	T>	76570	Amount of Each Receipt this Period
FEC ID number of co federal political comm			25.00
Name of Employer Girling Community C	oro	upation ional Manager, Compliance	
Receipt For:	Agg	regate Year-to-Date 🔻	
Other (specify)	General ▼	275.00	D
Full Name (Last, First Robin A Polk	t, Middle Initial)		Date of Receipt
Mailing Address 20	01 CR 326A		M M / D D / Y Y Y Y 0 6 30 2011
City	Sta	ate Zip Code	Transaction ID: SA11AI.4860
Rosebud	TΣ	76570	Amount of Each Receipt this Period
FEC ID number of co federal political comm			25.00
Name of Employer Girling Community C	are Occ Reg	upation ional Manager, Compliance	
Receipt For:	Agg	regate Year-to-Date V	
Primary Other (specify)	General ▼	300.00	D
SUBTOTAL of Receipt	s This Page (ontional)		75.00
	5 mis r age (optional)		
TOTAL This Period (las	st page this line number only)		

Any information copied from such Reports and Statements may not be sold or used by any posson for the purpose of soliciting contributions from such committee         NAME OF COMMITTEE (in Full)         Harden Healthcare LLC Federal PAC         A.         Sharin F Ponce         Mailing Address         ZB1 Var         ZB1 Var         City         State         ZC Docupation         Sensior Vice President         Receipt For:         Primary         General         Other (specify) ▼         City         State         Z9 Code         A.         Mailing Address         2818 Found Rock         TX         78665         Anount of Each Receipt this Period         Occupation         Senior Vice President         Receipt For:         Primary         General         Other (specify) ▼         Occupation         Senior Vice President         Receipt For:         Primary         General         Other (specify) ▼         Occupation         Benior Vice President         Receipt For:	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)         X           X         11a           11b         11c
NAME OF COMMITTEE (In Full)       Harden Healthcare LLC Federal PAC         Full Name (Last, First, Middle Initial)       Stanni F Ponce         Mailing Address       2818 Fountain Grove Cove         City       State       Zip Code         Reund Rock       TX       78865         FEGL D number of contributing federal political committee.       C       Anount of Each Receipt this Period         Mailing Address       2818 Fountain Grove Cove       Anount of Each Receipt this Period         Mess Period       Securption       Securption         Primary       General       Occupation         Mailing Address       2818 Fountain Grove Cove       Date of Receipt         Mailing Address       2818 Fountain Grove Cove       Date of Receipt         Mailing Address       2818 Fountain Grove Cove       Date of Receipt         Mailing Address       2818 Fountain Grove Cove       Date of Receipt         Mailing Address       2818 Fountain Grove Cove       Date of Receipt         City       State       Zip Code       Anount of Each Receipt this Period         Mailing Address       2818 Fountain Grove Cove       Date of Receipt         Other (specify)       General       Occupation       State         Primary       General       Occupation	Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any persor	n for the purpose of soliciting contributions
A.       Shanni F Ponce       Date of Receipt         Mailing Address       2818 Fountain Grove Cove       Model         City       State       Zip Code         Round Rock       TX       Z8655         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer       Occupation       Senior Vice President         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt         Other (specify) ▼       General       240.00       Transaction ID: SA11AI.4866         Aumont of Each Receipt this Period       Aggregate Year-to-Date ▼       Date of Receipt         City       State       Zip Code       Transaction ID: SA11AI.4867         Round Rock       TX       78665       Aggregate Year-to-Date ▼         City       State       Zip Code       Transaction ID: SA11AI.4867         Round Rock       TX       78665       Amount of Each Receipt this Period         Mailing Address       2818 Fountain Grove Cove       Transaction ID: SA11AI.4867         Mount of Each Receipt for:       Oprover       Occupation       Senior Vice President         Receipt For:       Aggregate Year-to-Date ▼        20.00         Primary       General       Agg	NAME OF COMMITTEE (In Full)		
City       State       Zip Code         Round Rock       TX       78665         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt in Brendo         Name of Employer       Occupation Senior Vice President       Aggregate Year-to-Date       Image: Committee in the image: Com			Date of Receipt
Round Rock       TX       78665         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer       Occupation Senior Vice President       Aggregate Year-to-Date ▼       Date of Receipt         Billing Address       2818 Fountain Grove Cove       0 0 7 / 2 0 1       Transaction ID: SA11Al.4867         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt       Mount of Each Receipt this Period         City       State       Zip Code       Transaction ID: SA11Al.4867         Round Rock       TX       78665       Amount of Each Receipt this Period         Primary       General       Occupation Senior Vice President       Amount of Each Receipt this Period         Name of Employer       Occupation Senior Vice President       Aggregate Year-to-Date ▼       Transaction ID: SA11Al.4867         Name of Employer       Occupation Senior Vice President       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       2818 Fountain Grove Cove       Tx       7865       Transaction ID: SA11Al.4868         Amount of Each Receipt Initial)       Shanni F Ponce       Aggregate Year-to-Date ▼       Mount of Each Receipt Ibis Period         Mailing Address       2818 Fountain Grove Cove       C       Transaction ID: SA11Al.4868       Amount o	Mailing Address 2818 Fountain Grove	e Cove	
FEC ID number of contributing federal political committee.       C       40.0         MBB Senable       Occupation Senior Vice President       Aggregate Year-to-Date ▼       40.0         Receipt For:  Primary       General Other (specify) ▼       Date of Receipt       Date of Receipt         3.       Full Name (Last, First, Middle Initial) Shanni F Ponce       Date of Receipt       0.7       2.0.1         City       State       Zip Code       7       0.7       2.0.1         City       State       Zip Code       Amount of Each Receipt this Period       40.0         MBB Rehab       C       General       0.7       2.0.1       Transaction ID: SA11AL 4867         Nound Rock       TX       78665       7       Amount of Each Receipt this Period       40.0         MBB Rehab       Occupation 	2		
federal political committee.       Image of Employer         Mare of Employer       Occupation         Senior Vice President       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Image of Employer         Mailing Address       2818 Fountain Grove Cove         City       State       Zip Code         Receipt For:       Other (specify) ▼       Image of Enclose         Mailing Address       2818 Fountain Grove Cove       Image of Enclose         City       State       Zip Code         Receipt For:       Occupation       Senior Vice President         Receipt Port       Occupation       Senior Vice President         Receipt For:       Other (specify) ▼       Occupation         Primary       General       Other (specify) ▼         C       Image of Enclose       Image of Enclose         Mailing Address       2818 Fountain Grove Cove       Image of Enclose         C       Image of Enclose       Date of Receipt         Mailing Address       2818 Found Grove Cove       Image of Enclose         Mailing Address       2818 Found Grove Cove       Image of Enclose         C       Image of Enclose       Image of Enclose       Aggregate Year-to-Date ▼		TX 78665	Amount of Each Receipt this Period
MBS Rehab       Senior Vice President         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Date of Receipt         Mailing Address       2818 Fountain Grove Cove         City       State       Zip Code         Receipt For:       Occupation         FeC ID number of contributing       C         rederal political committee.       Occupation         Senior Vice President       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Occupation         Senior Vice President       Aggregate Year-to-Date ▼         Primary       General       Occupation         Shanni F Ponce       Aggregate Year-to-Date ▼         Primary       General       Occupation         Shanni F Ponce       Aggregate Year-to-Date ▼         Mailing Address       2818 Fountain Grove Cove         City       State       Zip Code         Receipt For:       C       Image: C         Mailing Address       2818 Fountain Grove Cove       Date of Receipt         City       State       Zip Code         Receipt For:       C       Image: C       Aggregate Year-to-Date			40.00
Primary       General         Other (specify) ▼       240.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       2818 Fountain Grove Cove       Mail / 0 0 7 / 2 0 1         City       State       Zip Code         Round Rock       TX       78665         FEC ID number of contributing tederal political committee.       C       Amount of Each Receipt this Period         Maing Address       2818 Fountain Grove Cove       C       Amount of Each Receipt this Period         Mame of Employeer       Occupation       Senior Vice President       Aggregate Year-to-Date ▼         Primary       General       Other (specify) ▼       Date of Receipt         Mailing Address       2818 Fountain Grove Cove       Mailing Address       2818 Fountain Grove Cove         City       State       Zip Code       Transaction ID: SA11AL4868         Round Rock       TX       78665       Transaction ID: SA11AL4868         Amount of Each Receipt this Period       Mailing Address       281 Fountain Grove Cove         City       State       Zip Code       Transaction ID: SA11AL4868         Amount of Each Receipt this Period       General       Qio 0         Mailing Address       2818 Fountain Grove Cove       Mail 0 2 0 / 2	Name of Employer MBS Rehab		
Other (specify) ▼       240.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       2818 Fountain Grove Cove       0,4 / 0,0 / 2,0 0,7 / 2,		Aggregate Year-to-Date ▼	
Shanni F Ponce       Date of Receipt         Mailing Address       2818 Fountain Grove Cove       Image: Control of Contro of Control of Control of Contro of Control of		240.00	
City     State     Zip Code       Round Rock     TX     78665       FEC ID number of contributing federal political committee.     C     Amount of Each Receipt this Period       Mare of Employer     Occupation Senior Vice President     Aggregate Year-to-Date     ✓       Malling Address     2818 Fountain Grove Cove     Date of Receipt     Math.4868       Round Rock     TX     78665     Transaction ID: SA11AI.4867       Aggregate Year-to-Date     ✓     ✓     40.0       Full Name (Last, First, Middle Initial)     Shanni F Ponce     Date of Receipt       Malling Address     2818 Fountain Grove Cove     Ø     0       City     State     Zip Code     Transaction ID: SA11AI.4868       Round Rock     TX     78665     Transaction ID: SA11AI.4868       Amount of Each Receipt this Period     Ø     20     20       FC ID number of contributing federal political committee.     C     40.0     40.0       Name of Employer     Occupation Senior Vice President     Aggregate Year-to-Date     ✓       Mass Rehab     Receipt For:     Aggregate Year-to-Date     ✓       Primary     General     Occupation     320.00     40.0			Date of Receipt
Round Rock       TX       78665       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       40.0         Name of Employer MBS Rehab       Occupation Senior Vice President       Aggregate Year-to-Date ▼       0         Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         Full Name (Last, First, Middle Initial) Shanni F Ponce       Date of Receipt       Mailing Address 2818 Fountain Grove Cove         City       State       Zip Code       Transaction ID: SA11AI.4868         Round Rock       TX       78665       Transaction ID: SA11AI.4868         Amount of Each Receipt this Period       40.0       40.0	Mailing Address 2818 Fountain Grove	e Cove	
FEC ID number of contributing federal political committee.       C       40.0         Name of Employer MBS Rehab       Occupation Senior Vice President       40.0         Receipt For: Primary       General Other (specify) ▼       Occupation Senior Vice President         Full Name (Last, First, Middle Initial) Shanni F Ponce       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       2818 Fountain Grove Cove       Mail / D 2 / Y 2 0 1       Transaction ID: SA11AI.4868         Round Rock       TX       78665       Transaction ID: SA11AI.4868         Amount of Each Receipt His Period       40.0         Name of Employer MBS Rehab       Occupation Senior Vice President       40.0         Receipt For: Primary       General       Occupation Senior Vice President       40.0	•	-	Transaction ID: SA11AI.4867
federal political committee.       Image: Committee instant sector instreaction instant sector instant sector instr		TX 78665	Amount of Each Receipt this Period
MBS Rehab       Senior Vice President         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       280.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Shanni F Ponce       0 4         Mailing Address       2818 Fountain Grove Cove         City       State       Zip Code         Round Rock       TX       78665         FEC ID number of contributing federal political committee.       C       40.0         Name of Employer MBS Rehab       Occupation Senior Vice President       40.0         Receipt For:       Aggregate Year-to-Date ▼       220.00		C	40.00
Primary       General         Other (specify) ▼       280.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Shanni F Ponce       Date of Receipt         Mailing Address       2818 Fountain Grove Cove         City       State       Zip Code         City       State       Zip Code         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Senior Vice President       Aggregate Year-to-Date ▼         Primary       General	Name of Employer MBS Rehab		
Other (specify) ▼       280.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Shanni F Ponce       Date of Receipt         Mailing Address 2818 Fountain Grove Cove		Aggregate Year-to-Date ▼	
Shanni F Ponce       Date of Receipt         Mailing Address       2818 Fountain Grove Cove       M M / 22 / 201         City       State       Zip Code         Round Rock       TX       78665         FEC ID number of contributing federal political committee.       C       40.0         Name of Employer MBS Rehab       Occupation Senior Vice President       40.0         Receipt For:       Aggregate Year-to-Date ▼       220.00		280.00	
City       State       Zip Code       Transaction ID: SA11AI.4868         Round Rock       TX       78665       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       40.0         Name of Employer MBS Rehab       Occupation Senior Vice President       40.0         Receipt For:       Aggregate Year-to-Date ▼       220.00			Date of Receipt
Round Rock     TX     78665       FEC ID number of contributing federal political committee.     C     40.0       Name of Employer MBS Rehab     Occupation Senior Vice President     40.0       Receipt For:     Aggregate Year-to-Date ▼     220.00	Mailing Address 2818 Fountain Grove	e Cove	
FEC ID number of contributing federal political committee.       C       40.0         Name of Employer MBS Rehab       Occupation Senior Vice President       40.0         Receipt For:       Aggregate Year-to-Date ▼       220.00         Primary       General       220.00	-	·	
federal political committee.     40.0       Name of Employer MBS Rehab     Occupation Senior Vice President       Receipt For:     Aggregate Year-to-Date ▼       Primary     General		TX 78665	Amount of Each Receipt this Period
Receipt For:     Aggregate Year-to-Date       Primary     General		C	40.00
Primary General 220.00	Name of Employer MBS Rehab		
		Aggregate Year-to-Date V	
		320.00	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)	)	120.00
TOTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	<b>3X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 80 / 100         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       11
Any information copied from such Report or for commercial purposes, other than us	s and Statements may not be sold or used by any person sing the name and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) A. Shanni F Ponce		Date of Receipt
Mailing Address 2818 Fountain G	àrove Cove	05 / <sup>D</sup> 06 / <sup>Y</sup> <u>Y</u> <u>Y</u> <u>Y</u>
City	State Zip Code	Transaction ID: SA11AI.4869
Round Rock	TX 78665	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MBS Rehab	Occupation Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) Shanni F Ponce		Date of Receipt
Mailing Address 2818 Fountain G	àrove Cove	
City	State Zip Code	Transaction ID: SA11AI.4870
Round Rock	TX 78665	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b>	40.00
Name of Employer MBS Rehab	Occupation Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Shanni F Ponce	I	Date of Receipt
Mailing Address 2818 Fountain G	arove Cove	M M / D D / Y Y Y Y 06 07 2011
City	State Zip Code	Transaction ID: SA11AI.4871
Round Rock	TX 78665	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MBS Rehab	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
SUBTOTAL of Receipts This Page (opti	onal)	120.00
	number only)	

SCHEDULE A (FEC Form S ITEMIZED RECEIPTS	<b>3X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 81 / 100           (check only one)         11a           X         11a
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or used by any person ing the name and address of any political committee to s	13     14     15     16     17       for the purpose of soliciting contributions olicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal		
Full Name (Last, First, Middle Initial) Shanni F Ponce		Date of Receipt
Mailing Address 2818 Fountain G	rove Cove	0 6 2 2 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.4872
Round Rock	TX 78665	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MBS Rehab	Occupation Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	1
Other (specify)	480.00	
Full Name (Last, First, Middle Initial) Dee Ann Probst	1	Date of Receipt
Mailing Address 7800 Pine Ridge	Dr	0 6 0 7 Y Y Y Y 0 1 1
City	State Zip Code	Transaction ID: SA11AI.4883
Justin	TX 76247	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Trisun Healthcare	Occupation Administrator, Victoria Gardens of Fri	
Receipt For:	Aggregate Year-to-Date ▼	
<ul><li>Primary General</li><li>Other (specify) ▼</li></ul>	220.00	
Full Name (Last, First, Middle Initial) Dee Ann Probst		Date of Receipt
Mailing Address 7800 Pine Ridge	Dr	0 6 / D D / Y Y Y Y 2 2 2 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.4884
Justin	TX 76247	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Trisun Healthcare	Occupation Administrator, Victoria Gardens of Fri	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optic	onal)	80.00
	umber only)	

l	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 82 / 100           (check only one)         (check 111 cm)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Harden Healthcare LLC Federal PAC			
A.	Full Name (Last, First, Middle Initial) Toni M Silguero			Date of Receipt
	Mailing Address 3804 Middle Earth Tra	ail		05 13 2011
	City	State	Zip Code	Transaction ID: SA11AI.4919
	Austin	ТХ	78739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Harden Healthcare Services	Occupation Controller		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	225.00	]
- В.	Full Name (Last, First, Middle Initial) Toni M Silguero	1		Date of Receipt
	Mailing Address 3804 Middle Earth Tra	ail		05 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City	State	Zip Code	Transaction ID: SA11AI.4920
	Austin	TX	78739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Harden Healthcare Services	Occupation Controller		
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼	0 0	250.00	
- С.	Full Name (Last, First, Middle Initial) Toni M Silguero	1		Date of Receipt
	Mailing Address 3804 Middle Earth Tra	ail		06 / D D / Y Y Y Y 0 0 1 5 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.4921
	Austin	TX	78739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Harden Healthcare Services	Occupation Controller		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	275.00	
ſ	SUBTOTAL of Receipts This Page (optional).			75.00
F	TOTAL This Period (last page this line number			

C			FOR LINE NUMBER: PAGE 83 / 100
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	(check only one)
I	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 1
0	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	Harden Healthcare LLC Federal PAC		
	Full Name (Last, First, Middle Initial) Toni M Silguero		Date of Receipt
	Mailing Address 3804 Middle Earth Tra	ail	0 6 / D D / Y Y Y Y 0 6 / 3 0 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4922
	Austin	TX 78739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Harden Healthcare Services	Occupation Controller	-
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General		
	Other (specify)	300.00	
	Full Name (Last, First, Middle Initial) Juli Simmang		Date of Receipt
	Mailing Address 991 Oak Ridge		0 3 0 7 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4927
	Shertz	TX 78154	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MBS Rehab	Occupation Director of Clinical Services	-
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General	250.00	
	Other (specify)		
_	Full Name (Last, First, Middle Initial) Juli Simmang		Date of Receipt
	Mailing Address 991 Oak Ridge		M M / D D / Y Y Y Y 03 22 2011
	City	State Zip Code	Transaction ID: SA11AI.4928
	Shertz	TX 78154	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MBS Rehab	Occupation Director of Clinical Services	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General	300.00	
	Other (specify) 🔻		
Γ	Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) .		125.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	() Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 84 / 100         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       11
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PA	C	
Full Name (Last, First, Middle Initial) Juli Simmang		Date of Receipt
Mailing Address 991 Oak Ridge		M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: SA11AI.4929
Shertz	TX 78154	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer MBS Rehab	Occupation Director of Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	1
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Juli Simmang		Date of Receipt
Mailing Address 991 Oak Ridge		M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: SA11AI.4930
Shertz	TX 78154	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer MBS Rehab	Occupation Director of Clinical Services	-
Receipt For:	Aggregate Year-to-Date ▼	_
Primary     General       Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Juli Simmang		Date of Receipt
Mailing Address 991 Oak Ridge		M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: SA11AI.4931
Shertz	TX 78154	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer MBS Rehab	Occupation Director of Clinical Services	
Receipt For:	Aggregate Year-to-Date V	
Primary     General       Other (specify) ▼	450.00	
SUBTOTAL of Receipts This Page (optional	I I)	150.00
	•/ ·····•	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 85 / 100         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       11
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person aname and address of any political committee to s	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
۷ ۱.	Full Name (Last, First, Middle Initial) Juli Simmang		Date of Receipt
	Mailing Address 991 Oak Ridge		05 / 23 / Y Y Y Y 05 / 23 / 2011
	City	State Zip Code	Transaction ID: SA11AI.4932
	Shertz	TX 78154	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MBS Rehab	Occupation Director of Clinical Services	
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary     General       Other (specify)     ▼	500.00	
_	Full Name (Last, First, Middle Initial) Juli Simmang	1	Date of Receipt
	Mailing Address 991 Oak Ridge		0 6 / 0 7 / Y Y Y Y 0 6 / 0 7 / 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4933
	Shertz	TX 78154	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MBS Rehab	Occupation Director of Clinical Services	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify)     ▼	550.00	
. –	Full Name (Last, First, Middle Initial) Juli Simmang		Date of Receipt
	Mailing Address 991 Oak Ridge		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.4934
	Shertz	TX 78154	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MBS Rehab	Occupation Director of Clinical Services	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	600.00	
Γ		1	150.00
	SUBTOTAL of Receipts This Page (optional)	L	130.00

_			FOR LINE NUMBER: PAGE 86 / 100
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 1
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persone and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	Harden Healthcare LLC Federal PAC		
	Full Name (Last, First, Middle Initial) Ronda Van Meter		Date of Receipt
	Mailing Address 253 LCR 405		03 / D D / Y Y Y Y 03 / 15 / 2011
	City	State Zip Code	Transaction ID: SA11AI.4979
	Mexia	TX 76667	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Home Health	Occupation Regional Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General	250.00	
	Other (specify) ▼		
. –	Full Name (Last, First, Middle Initial) Ronda Van Meter		Date of Receipt
	Mailing Address 253 LCR 405		M M / D D / Y Y Y Y 03 31 2011
	City	State Zip Code	Transaction ID: SA11AI.4980
	Mexia	TX 76667	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Home Health	Occupation Regional Vice President	
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General	300.00	
	Other (specify) 🔻		
. –	Full Name (Last, First, Middle Initial) Ronda Van Meter		Date of Receipt
	Mailing Address 253 LCR 405		M M / D D / Y Y Y Y 04 15 2011
	City	State Zip Code	Transaction ID: SA11AI.4981
	Mexia	TX 76667	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Home Health	Occupation Regional Vice President	1
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	350.00	
	Other (specify) 🔻		
Γ	SUBTOTAL of Receipts This Page (optional)		150.00

C (			FOR LINE NUMBER: PAGE 87 / 100
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	(check only one)
I	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Г			
	or for commercial purposes, other than using the	Statements may not be sold or used by any persor a name and address of any political committee to s	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	Harden Healthcare LLC Federal PAC		
. Z	Full Name (Last, First, Middle Initial) Ronda Van Meter		Date of Receipt
	Mailing Address 253 LCR 405		M M / D D / Y Y Y Y 04 29 2011
	City	State Zip Code	Transaction ID: SA11AI.4982
	Mexia	TX 76667	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b>	50.00
	Name of Employer Girling Home Health	Occupation Regional Vice President	1
	Receipt For:	Aggregate Year-to-Date V	-1
	Primary General		
	Other (specify)	400.00	
-	Full Name (Last, First, Middle Initial) Ronda Van Meter	1	Date of Receipt
	Mailing Address 253 LCR 405		05 13 2011
	City	State Zip Code	Transaction ID: SA11AI.4983
	Mexia	TX 76667	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer Girling Home Health	Occupation Regional Vice President	
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General	450.00	
	Other (specify)		
_	Full Name (Last, First, Middle Initial) Ronda Van Meter	1	Date of Receipt
	Mailing Address 253 LCR 405		05 31 2011
	City	State Zip Code	Transaction ID: SA11AI.4984
	Mexia	TX 76667	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Home Health	Occupation Regional Vice President	1
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General	500.00	
	Other (specify)		
Γ	Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		150.00

	<b>1</b>	
SCHEDULE A (FEC Form		FOR LINE NUMBER: PAGE 88 / 100 (check only one)
ITEMIZED RECEIPTS	for each category of the	X 11a 11b 11c 12
	Detailed Summary Page	
Any information copied from such Report	ts and Statements may not be sold or used by any persor	
or for commercial purposes, other than u	sing the name and address of any political committee to s	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Harden Healthcare LLC Federal	IPAC	
Full Name (Last, First, Middle Initial) Ronda Van Meter		Date of Receipt
Mailing Address 253 LCR 405		0 6 / D D / Y Y Y Y 0 6 1 5 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.4985
Mexia	TX 76667	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Girling Home Health	Occupation	-
Receipt For:	Regional Vice President	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	550.00	
Full Name (Last, First, Middle Initial) Ronda Van Meter		Date of Receipt
Mailing Address 253 LCR 405		0 6 3 0 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.4986
Mexia	TX 76667	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Girling Home Health	Occupation Regional Vice President	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General		
Other (specify)	600.00	
Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt	I	Date of Receipt
Mailing Address 4506 Grand Cy	press Drive	
City	State Zip Code	Transaction ID: SA11AI.5007
Austin	TX 78747	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Girling Community Care	Occupation Regional Vice President	1
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1415.00	
SUBTOTAL of Receipts This Page (ont	tional)	1350.00
TOTAL This Period (last page this line	number only)	

		<b>a</b>	
S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 89 / 100
		for each category of the	(check only one)
•		Detailed Summary Page	
			13 14 15 16 17
4 C	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\nabla$	NAME OF COMMITTEE (In Full)		
	Harden Healthcare LLC Federal PAC		
. Z	Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt		Date of Receipt
	Mailing Address 4506 Grand Cypress I	Drive	M M / D D / Y Y Y Y 02 28 2011
	City	State Zip Code	Transaction ID: SA11AI.5001
	Austin	TX 78747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	55.00
	Name of Employer	Occupation	-
	Name of Employer Girling Community Care	Occupation Regional Vice President	
	Receipt For:		
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	1470.00	
	Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt	1	Date of Receipt
	Mailing Address 4506 Grand Cypress I	0 3 1 5 2 0 1 1	
	City	State Zip Code	Transaction ID: SA11AI.5002
	Austin	TX 78747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	55.00
	Name of Employer Girling Community Care	Occupation Regional Vice President	1
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General		
	Other (specify)	1525.00	
_	Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt	1	Date of Receipt
	Mailing Address 4506 Grand Cypress I	Drive	
	City	State Zip Code	Transaction ID: SA11AI.5003
	Austin	TX 78747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		55.00
	Name of Employer Girling Community Care	Occupation Regional Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	1580.00	
_		1	

S	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 90 / 100
	TEMIZED RECEIPTS	for each category of the	(check only one)
I	I EIVIIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
_			13 14 15 16 1
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)		
	Harden Healthcare LLC Federal PAC		
. Z	Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt		Date of Receipt
	Mailing Address 4506 Grand Cypress	Drive	M M / D D / Y Y Y Y 04 15 2011
	City	State Zip Code	Transaction ID: SA11AI.5004
	Austin	TX 78747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	55.00
			_
	Name of Employer Girling Community Care	Occupation Regional Vice President	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify)	1635.00	
	Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt		Date of Receipt
	Mailing Address 4506 Grand Cypress	0 4 2 9 2 0 1 1	
	City	State Zip Code	Transaction ID: SA11AI.5005
	Austin	TX 78747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	55.00
	Name of Employer Girling Community Care	Occupation Regional Vice President	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General	Aggregate real-to-Date •	
	Other (specify)	1690.00	
_	Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt		Date of Receipt
	Mailing Address 4506 Grand Cypress	Drive	05 13 2011
	City	State Zip Code	Transaction ID: SA11AI.5006
	Austin	TX 78747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	55.00
	Name of Employer Girling Community Care	Occupation Regional Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	1745.00	

				FOR LINE NUMBER: PAGE 91 / 100
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 91 / 100 (check only one)
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	> Harden Healthcare LLC Federal PAC			
Z	/			
	Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt			Date of Receipt
•	Mailing Address 4506 Grand Cypress I	Drive		M M / D D / Y Y Y Y
			7.0.1	05 31 2011
		State TX	Zip Code	Transaction ID: SA11AI.5008
	Austin		78747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		55.00
	Name of Employer Girling Community Care	Occupatio	n	-
		Regional	Vice President	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		1800.00	]]
		0 0	0 0 0 0 0 0 0	1
	Full Name (Last, First, Middle Initial)			Data of Descript
•	Jennifer Lynn Vogt Mailing Address 4506 Grand Cypress [	Drivo		Date of Receipt
	Maining Address 4506 Grand Cypress L	Jive		06 15 2011
	City	State	Zip Code	Transaction ID: SA11AI.5009
	Austin	TX	78747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		55.00
	Name of Employer	Occupatio	n	_
	Girling Community Care	, I	Vice President	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1855.00	
		0 0		
. –	Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt	-		Date of Receipt
•	Mailing Address 4506 Grand Cypress I	Drive		M M / D D / Y Y Y Y
				06 30 2011
	City Austin	State TX	Zip Code 78747	Transaction ID: SA11AI.5010 Amount of Each Receipt this Period
			/0/4/	
	FEC ID number of contributing federal political committee.	C		55.00
	Name of Employer Girling Community Care	Occupatio		
	Receipt For:	1	Vice President	
	Primary General	Aggregate	e Year-to-Date 🔻	1
	Other (specify)		1910.00	]]
F				
	SUBTOTAL of Receipts This Page (optional)			165.00
┝	SUBTOTAL OF RECEIPTS THIS Page (optional)		······	
	TOTAL This Period (last page this line 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)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
•	Full Name (Last, First, Middle Initial)     Deborah Weems		Date of Receipt
Α.	Mailing Address 2518 Harris Blvd		0 5 / 1 3 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.5019
	Austin	TX 78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Marketing	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	225.00	
- В.	Full Name (Last, First, Middle Initial) Deborah Weems	1	Date of Receipt
	Mailing Address 2518 Harris Blvd		05 / 31 / Y Y Y Y 05 / 31 / 2011
	City	State Zip Code	Transaction ID: SA11AI.5020
	Austin	TX 78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Marketing	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
- C.	Full Name (Last, First, Middle Initial) Deborah Weems		Date of Receipt
	Mailing Address 2518 Harris Blvd		0 6 / D D / Y Y Y Y 0 6 / 1 5 / 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.5021
	Austin	TX 78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Marketing	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	275.00	
ſ	SUBTOTAL of Receipts This Page (optional)	·	75.00
	TOTAL This Period (last page this line number	<b>-</b>	

	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)       3         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)           Harden Healthcare LLC Federal PAC		
۷ A.	Full Name (Last, First, Middle Initial) Deborah Weems		Date of Receipt
	Mailing Address 2518 Harris Blvd		0 6 / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.5022
	Austin	TX 78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Marketing	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	300.00	
- В.	Full Name (Last, First, Middle Initial) Carolyn Williams		Date of Receipt
	Mailing Address 12707 Eagle Nest Dr		05 / 13 / Y Y Y Y 05 11 1
	City	State Zip Code	Transaction ID: SA11AI.5031
	Buda	TX 78610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Girling Home Health	Occupation Director of Compliance	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	225.00	
- C.	Full Name (Last, First, Middle Initial) Carolyn Williams		Date of Receipt
	Mailing Address 12707 Eagle Nest Dr		05 / 31 / Y Y Y Y 05 31 / 2011
	City	State Zip Code	Transaction ID: SA11AI.5032
	Buda	TX 78610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Girling Home Health	Occupation Director of Compliance	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	250.00	
ſ	SUBTOTAL of Receipts This Page (optional)	······	75.00
ľ	TOTAL This Period (last page this line number	only)	

			i	FOR LINE NUMBER: PAGE 94 / 100
	SCHEDULE A (FEC Form 3X)		ate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		ategory of the ummary Page	X 11a 11b 11c 12
			uninaly Faye	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	atements may not be sold o name and address of any p	or used by any person olitical committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Harden Healthcare LLC Federal PAC			
Α.	Full Name (Last, First, Middle Initial) Carolyn Williams			Date of Receipt
	Mailing Address 12707 Eagle Nest Dr			M M / D D / Y Y Y Y 06 / 15 / 2011
	City	State Zip Code	9	Transaction ID: SA11AI.5033
	Buda	TX 78610		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0 0	25.00
	Name of Employer Girling Home Health	Occupation Director of Complian	ce	-
	Receipt For:	Aggregate Year-to-Date		_
	Primary General			
	Other (specify) <b>▼</b>	0 0 0 0 0	275.00	
в.	Full Name (Last, First, Middle Initial) Carolyn Williams			Date of Receipt
	Mailing Address 12707 Eagle Nest Dr			06 / <sup>Y</sup> Y Y Y 2011
	City	State Zip Code	9	Transaction ID: SA11AI.5034
	Buda	TX 78610		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Girling Home Health	Occupation Director of Complian	се	
	Receipt For:	Aggregate Year-to-Date	▼	_
	Primary     General       Other (specify) ▼		300.00	
С.	Full Name (Last, First, Middle Initial) Iris B Williams			Date of Receipt
0.	Mailing Address 3733 Locke Lane			
	City	State Zip Code	9	Transaction ID: SA11AI.5039
	Corpus Christi	TX 78415		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer MBS Rehab	Occupation Director of Operation	IS	-
	Receipt For:	Aggregate Year-to-Date	▼	_
	Primary     General       Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	100.00
	<b>TOTAL</b> This Period (last page this line number		<b>r</b>	
		,		

	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)
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	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 03 22 2011
	City	State Zip Code	Transaction ID: SA11AI.5040
	Corpus Christi	TX 78415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MBS Rehab	Occupation Director of Operations	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	300.00	]
В.	Full Name (Last, First, Middle Initial) Iris B Williams		Date of Receipt
	Mailing Address 3733 Locke Lane		04 / 07 / Y Y Y Y 04 107 107 107 107 107 107 107 107 107 107
	City	State Zip Code	Transaction ID: SA11AI.5041
	Corpus Christi	TX 78415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MBS Rehab	Occupation Director of Operations	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	350.00	]
с.	Full Name (Last, First, Middle Initial) Iris B Williams		Date of Receipt
	Mailing Address 3733 Locke Lane		04 / 22 / Y Y Y Y 04 22 2011
	City	State Zip Code	Transaction ID: SA11AI.5042
	Corpus Christi	TX 78415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MBS Rehab	Occupation Director of Operations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	]
	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)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	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		05 / D D / Y Y Y Y 05 / 06 / 2011
	City	State Zip Code	Transaction ID: SA11AI.5043
	Corpus Christi	TX 78415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MBS Rehab	Occupation Director of Operations	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	450.00	
В.	Full Name (Last, First, Middle Initial) Iris B Williams		Date of Receipt
	Mailing Address 3733 Locke Lane		05 / 23 / Y Y Y Y 05 / 23 / 2011
	City	State Zip Code	Transaction ID: SA11AI.5044
	Corpus Christi	TX 78415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MBS Rehab	Occupation Director of Operations	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	500.00	
с.	Full Name (Last, First, Middle Initial) Iris B Williams		Date of Receipt
	Mailing Address 3733 Locke Lane		0 6 / D D / Y Y Y Y 0 6 / 0 7 / 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.5045
	Corpus Christi	TX 78415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MBS Rehab	Occupation Director of Operations	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	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 s for each catego Detailed Summ	ory of the	FOR LINE NUMBER:         PAGE 97 / 100           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or use dress of any politic	ed by any person al committee to s	o for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	Harden Healthcare LLC Federal PAC				
Α.	Full Name (Last, First, Middle Initial) Iris B Williams				Date of Receipt
	Mailing Address 3733 Locke Lane				0 6 / D D / Y Y Y Y Y 2 0 1 1
	City	State	Zip Code		Transaction ID: SA11AI.5046
	Corpus Christi	ТΧ	78415		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		U	50.00
	Name of Employer MBS Rehab	Occupatio Director	<sup>n</sup> of Operations		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻	600.00	

SUBTOTAL of Receipts This Page (optional)	►	50.00
TOTAL This Period (last page this line number only)	►	22930.00

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose or for commercial purposes, other than using the name and address of any political committee to solicit contribution         NAME OF COMMITTEE (in Full)         Harden Healthcare LLC Federal PAC         Full Name (Last, First, Middle Initial)         CARPER FOR SENATE         Mailing Address       19 EAST COMMONS BLVD SECOND FLOOR         City       State         Zip Code       Amount of E         NEW CASTLE       DE         Purpose of Disbursement       011         Portical contribution       011         Cardidate Name       Category/ Type         Office Sought:       House         State: DE       Disbursement For:       2012         Other (specify)       Transaction         Date of Dist       Date of Dist         Mailing Address       5915 EASTMAN AVENUE         SUITE 100       Mil         City       State         Purpose of Disbursement       011         Purpose of Disbursement       011         Category/       Transaction         Date of Dist       011         Category/       Transaction         Date of Districal contribution       011         C	PAGE 98 / 100					
or for commercial purposes, other than using the name and address of any political committee to solicit contribution NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC Full Name (Last, First, Middle Initial) CARPER FOR SENATE  Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR  City State DE 19720 Office Sought: House Disbursement Por: 2012 X Senate President Sufficient Other (specify) ▼  Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS  Mailing Address 5915 EASTMAN AVENUE SUITE 100 City Mailing Address 5915 EASTMAN AVENUE SUITE 100 City Mailing Address 5915 EASTMAN AVENUE SUITE 100 City House Disbursement For: 2012 X Primary General Political contribution Candidate Name Disbursement For: 2012 X Primary General Office Sought: House Disbursement For: 2012 X Primary General Office Sought: Y House Disbursement For: 2012 X Primary General Office Sought: Y House Disbursement For: 2012 X Primary General Office Sought: Y House Disbursement For: 2012 X Primary General Y President Category/ Type Office Sought: Y House Disbursement For: 2012 X Primary General Y President Category/ Type Office Sought: Y House Disbursement For: 2012 X Primary General Y Primary General	3 24 25 8b 28c 29					
NAME OF COMMITTEE (In Full)       Harden Healthcare LLC Federal PAC         Full Name (Last, First, Middle Initial)       Transaction         CARPER FOR SENATE       Transaction         Mailing Address       19 EAST COMMONS BLVD SECOND FLOOR       If 6 m /         City       State       Zip Code         NEW CASTLE       DE       19720         Purpose of Disbursement       Disbursement For:       2012         Political contribution       Other (specify)       ✓         Office Sought:       House       Disbursement For:       2012         Y President       Disbursement For:       2012       Transaction         Other (specify)       ✓       State: DE       District: 00         Full Name (Last, First, Middle Initial)       DAVE CAMP FOR CONGRESS       Transaction         Mailing Address       5915 EASTMAN AVENUE       Other (specify)       Amount of E         Office Sought:       X House       Disbursement For:       2012       Amount of E         Office Sought:       X House       Disbursement For:       2012       Amount of E         Office Sought:       X House       Disbursement For:       2012       Code         Mailing Address       PO BOX 1437       Other (specify)       Amount of E						
Full Name (Last, First, Middle Initial)       Transaction         CARPER FOR SENATE       Mailing Address       19 EAST COMMONS BLVD SECOND FLOOR         Mailing Address       19 EAST COMMONS BLVD SECOND FLOOR       Ø 6 // /         City       State       Zip Code         Purpose of Disbursement       DE       19720         Purpose of Disbursement       011       Category/ THOMAS R CARPER       Other (specify)         Office Sought:       × Senate       President       Zip Code         State: DE       District: 00       Other (specify)       ✓         Full Name (Last, First, Middle Initial)       DAVE CAMP FOR CONGRESS       Transaction         Mailing Address       5915 EASTMAN AVENUE       Other (specify)       ✓         City       State       Zip Code       Amount of E         MillLAND       Mil       48640       Mailing Address       5915 EASTMAN AVENUE         Office Sought:       X House       Disbursement For:       2012       X Primary       General         Office Sought:       X House       Disbursement For:       2012       X Primary       General         Office Sought:       X House       Disbursement For:       2012       X Primary       General         Office Sought:       X Hou						
CARPER FOR SENATE       Date of Dist         Mailing Address       19 EAST COMMONS BLVD SECOND FLOOR       Date of Dist         City       State       Zip Code         NEW CASTLE       DE       19720         Purpose of Disbursement       011       Category/         Purpose of Disbursement       011       Category/         Office Sought:       House       Disbursement For:       2012         State: DE       District: 00       Image: Code       Date of Disb         Full Name (Last, First, Middle Initial)       DAVE CAMP FOR CONGRESS       Date of Disb         Mailing Address       5915 EASTMAN AVENUE       Image: Category/       Transaction         City       State       Zip Code       Amount of E         Mill LAND       Mill       48640       Image: Category/         Purpose of Disbursement       Other (specify)       Image: Category/       Transaction         Category/       DAVID LEE CAMP       Disbursement For:       2012       Image: Category/         Office Sought:       X House       Disbursement For:       2012       Image: Category/         Office Sought:       X House       Disbursement For:       2012       Image: Category/       Image: Category/         Office Sought:						
Mailing Address       19 EAST COMMONS BLVD SECOND FLOOR       0 6         City       State       Zip Code       Amount of E         NEW CASTLE       DE       19720       Amount of E         Purpose of Disbursement       011       Category/ Type       Category/ Type       Other (specify) ▼         Office Sought:       House       Disbursement For:       2012       Category/ Type       Category/ Type         Office Sought:       House       Disbursement For:       2012       Category/ Type       Category/ Type         Office Sought:       House       Disbursement For:       2012       Category/ Type       Category/ Type         Office Sought:       Senate       Disbursement For:       2012       Category/ Type       Date of Disbursement         Mailing Address       5915 EASTMAN AVENUE       Image: Category/ Type       Amount of E       Image: Category/ Type         Office Sought:       X House       Disbursement For:       2012       Amount of E         Office Sought:       X House       Disbursement For:       2012       Category/ Type       Transaction         Office Sought:       X House       Disbursement For:       2012       Category/ Type       Transaction         Other (specify)       Other (specify)       <	Transaction ID: SB23.5082 Date of Disbursement					
NÉW CASTLE     DE     19720       Purpose of Disbursement Political contribution     011 Category/ Type       Office Sought:     House X Senate     Disbursement For:     2012 X Primary       Office Sought:     House X Senate     Disbursement For:     2012 X Primary       State: DE     District: 00     Transaction Date of Disb UITE 100       Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS     Transaction Date of Disb UITE 100       Mailing Address     5915 EASTMAN AVENUE SUITE 100     Mil       City     State     Zip Code Mil     Amount of E       Purpose of Disbursement Political contribution     011 Category/ Type     Amount of E       Office Sought:     X House President     Disbursement For:     2012 X Primary       Office Sought:     X House President     Disbursement For:     2012 X Primary       Office Sought:     X House President     Disbursement For:     2012 X Primary       General     Other (specify)     Transaction Date of Disbursement       DIANE BLACK FOR CONGRESS     Transaction Date of Disbursement       Mailing Address     PO BOX 1437       City     State     Zip Code GALLATIN       City     State     Zip Code GALLATIN       Purpose of Disbursement     O11 Category/       Political contribution     O11 Category/						
Political contribution       011         Candidate Name       Category/ Type         Office Sought:       House       Disbursement For:       2012         X       Senate       Y       Primary       General         Other (specify)       Image: Contribution       Transaction         DAVE CAMP FOR CONGRESS       Mailing Address       5915 EASTMAN AVENUE       Image: Contribution         Mailing Address       5915 EASTMAN AVENUE       Image: Contribution       Image: Contribution       Image: Contribution         City       State       Zip Code       Mil       48640         Purpose of Disbursement       Image: Contribution       Image: Contribution       Image: Contribution         Candidate Name       Senate       Disbursement For:       2012       Image: Contribution         Candidate Name       Date of Disbursement       Image: Contribution       Image: Contribution       Image: Contribution         Cardidate Name       Disbursement For:       2012       Image: Contribution       Image: Contribution       Image: Contribution         Cardidate Name       Disbursement For:       2012       Image: Contribution       Image: Contribution       Image: Contribution       Image: Contribution         DIANE BLACK FOR CONGRESS       Mailing Address <td< td=""><td colspan="6">Amount of Each Disbursement this Period</td></td<>	Amount of Each Disbursement this Period					
THOMAS R CARPER       Trype         Office Sought:       House         X       Senate         President       Other (specify)         State: DE       District: 00         Full Name (Last, First, Middle Initial)       DAVE CAMP FOR CONGRESS         Mailing Address       5915 EASTMAN AVENUE         SUITE 100       Mil         City       Mil         MIDLAND       Mil         Purpose of Disbursement       0111         Category/       Type         Office Sought:       X         President       011         Category/       Type         Office Sought:       X         President       Disbursement For:         Political contribution       011         Category/       Type         Office Sought:       X         House       Disbursement For:         Senate       President         President       Other (specify)         State: MI       District: 04         Full Name (Last, First, Middle Initial)       DIANE BLACK FOR CONGRESS         Mailing Address       PO BOX 1437         City       State       Zip Code         GALLATIN       TN       37	1000.00					
X       Senate       Y       Primary       General         Other (specify)       ✓       Other (specify)       ✓         Full Name (Last, First, Middle Initial)       DAVE CAMP FOR CONGRESS       Transaction         Mailing Address       5915 EASTMAN AVENUE       Ø       Ø         State       State       Zip Code       Amount of E         Mil       48640       011       Category/         Purpose of Disbursement       011       Category/       Type         Office Sought:       X       House       Disbursement For:       2012         Senate       President       Other (specify)       ✓       Transaction         Office Sought:       X       House       Disbursement For:       2012         Senate       President       Other (specify)       ✓       Transaction         Office Sought:       X       House       Disbursement For:       2012         Senate       President       Other (specify)       ✓       Transaction         DIANE BLACK FOR CONGRESS       Date of Dist       Date of Dist       Date of Dist         Mailing Address       PO BOX 1437       Image: Disbursement       Image: Disbursement       Image: Disbursement         City						
DAVE CAMP FOR CONGRESS       Date of District of Milling Address       5915 EASTMAN AVENUE         Mailing Address       5915 EASTMAN AVENUE       06 fm / fm						
Mailing Address       5915 EASTMAN AVENUE SUITE 100       0 6         City       State       Zip Code         MIDLAND       MI       48640         Purpose of Disbursement Political contribution       011         Candidate Name DAVID LEE CAMP       011         Office Sought:       X         X       House         President       Other (specify)         State: MI       District: 04         Full Name (Last, First, Middle Initial)         DIANE BLACK FOR CONGRESS         Mailing Address       PO BOX 1437         City       State       Zip Code GALLATIN         Turpose of Disbursement Political contribution       011         Category/       011         Category/       011         Category/       011         Category/       011         City       State       Zip Code         Gandidate Name       011         Purpose of Disbursement       011         Political contribution       011         Cardidate Name       011						
MIDLAND       MI       48640         Purpose of Disbursement       011         Political contribution       011         Cardidate Name       011         DAVID LEE CAMP       Disbursement For: 2012         Senate       President         President       Other (specify) ▼         State: MI       District: 04         Full Name (Last, First, Middle Initial)       District: 04         DIANE BLACK FOR CONGRESS       Transaction         Mailing Address       PO BOX 1437         City       State       Zip Code         GALLATIN       TN       37066         Purpose of Disbursement       011         Political contribution       011         Candidate Name       011         Candidate Name       011						
Political contribution       011         Candidate Name       011         DAVID LEE CAMP       Category/ Type         Office Sought:       X         Senate       Disbursement For:       2012         President       Other (specify)       ✓         State: MI       District: 04       Transaction         Full Name (Last, First, Middle Initial)       Other (specify)       ✓         DIANE BLACK FOR CONGRESS       Transaction         Mailing Address       PO BOX 1437       Ø 6         City       State       Zip Code         GALLATIN       TN       37066         Purpose of Disbursement       011       Category/         Political contribution       011       Category/         Candidate Name       011       Category/	ach Disbursement this Period					
DAVID LEE CAMP       Type         Office Sought:       X       House       Disbursement For:       2012         Senate       President       Other (specify)       Image: Comparison of the president         State: MI       District: 04       Other (specify)       Image: Comparison of the president         Full Name (Last, First, Middle Initial)       DIANE BLACK FOR CONGRESS       Image: Comparison of the president       Image: Comparison of the president         Mailing Address       PO BOX 1437       Image: Comparison of the president       Image: Comparison of the president       Image: Comparison of the president         City       State       Zip Code       Amount of E         GALLATIN       TN       37066       Image: Comparison of the president         Purpose of Disbursement       Image: Comparison of the present       Image: Comparison of the present         Political contribution       Image: Comparison of the present       Image: Comparison of the present         Candidate Name       Image: Comparison of the present       Image: Comparison of the present         Condition       Image: Comparison of the present       Image: Comparison of the present         Condition       Image: Comparison of the present       Image: Comparison of the present         Condition       Image: Comparison of the present       Image: Compariso	2500.00					
Office Sought:       X       House       Disbursement For:       2012         Senate       President       Other (specify)       ✓         State: MI       District: 04       Other (specify)       ✓         Full Name (Last, First, Middle Initial)       DIANE BLACK FOR CONGRESS       Transaction         Mailing Address       PO BOX 1437       Ø 6       /         City       State       Zip Code       Amount of E         GALLATIN       TN       37066       /         Purpose of Disbursement       011       Category/       /						
DIANE BLACK FOR CONGRESS       Date of Dist         Mailing Address       PO BOX 1437         City       State       Zip Code         GALLATIN       TN       37066         Purpose of Disbursement       011         Political contribution       011         Candidate Name       Category/						
Mailing Address     PO BOX 1437     0 6       City     State     Zip Code       GALLATIN     TN     37066       Purpose of Disbursement     011       Political contribution     Category/						
GÁLLATIN     TN     37066       Purpose of Disbursement     011       Political contribution     Category/						
Political contribution 011 Candidate Name Category/	each Disbursement this Period					
	2500.00					
DIANE L MRS. BLACK Type						
Office Sought:     X     House     Disbursement For:     2012       Senate     X     Primary     General       President     Other (specify)     ▼						
SUBTOTAL of Disbursements This Page (optional)	6000.00					
TOTAL This Period (last page this line number only)						

FEC Schedule B ( Form 3X) (Revised 02/2003)

	SCHEDULE B (FEC Form 3X)		,	Use separate schedule(s) for each category of the		FOR LIN (check o			E NUMBER: ily one)				PAGE 99/100				
				Detailed	Summary Page			21b 27	22 28a	X	23 28b		24 280		25 29		26 30
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k	NAME OF COM							00								-	
$\langle \rangle$	Harden Health	care LLC Federal PA	AC														
	Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS								Transaction ID: SB23.5074 Date of Disbursement								
	Mailing Address PO BOX 5843								0 <sup>M</sup> 1	М	/ D	1	<sup>D</sup> /	Y	²o i	1	Y
	CityStateZip CodeAUSTINTX78763								Amount of Each Disbursement this Period								
	Purpose of Disbursement Political contribution 011								L.					_1	000.	00	
	Candidate Name						ateg Typ										
	Office Sought:	Senate President		nent For: Primary Other (spe	2012 General ecify) ▼												
	State: TX	District: 25															
	Full Name (Last, First, Middle Initial) FRIENDS OF JEB HENSARLING							Transaction ID: SB23.5078 Date of Disbursement									
	Mailing Address PO BOX 820504																
	City State Zip Code DALLAS TX 75382								Amount of Each Disbursement this Period								
	Purpose of Disbu Political contribut						01 <sup>.</sup>	1	L.						500.	00	
	Candidate Name JEB HON. HEI	NSARLING					ateg Typ										
	Office Sought:	Senate President		nent For: Primary Other (spe	2012 General ecify) ▼												
	State: TX	District: 05 First, Middle Initial)							<b>T</b>				0.00		70		
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	Mailing Address C/O SIMIONE CONSULTANTS LLC 4130 WHITNEY AVENYE								02			1			ž0 i		
	City HAMDEN			State CT	Zip Code 06518				Amou	int o	f Eac	h [	Disbur			-	eriod
	Purpose of Disbursement Political contribution						01		L.					5	000.	υŪ	
	Candidate Name						ateg Typ	ory/									
	Office Sought:	Senate President		nent For: Primary Other (spe	2012 General ecify) ▼												
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FEC Schedule B ( Form 3X) (Revised 02/2003)

	SCHEDULE B (FEC Form 3X	Use separate schedule(s)	-	NUMBER: PAGE 100 / 100			
	ITEMIZED DISBURSEMENTS		(check only 21b 27	yone) 22 X 23 24 25 26 28a 28b 28c 29 30b			
	Any Information copied from such Reports and or for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	5					
Α.	Full Name (Last, First, Middle Initial) POMPEO FOR CONGRESS INC						
	Mailing Address PO BOX 780146	Mailing Address PO BOX 780146					
	City WICHITA	State Zip Code KS 67212		Amount of Each Disbursement this Period			
	Purpose of Disbursement Political contribution		011	2500.00			
	Candidate Name MICHAEL RICHARD POMPEO		Category/ Type				
	Office Sought: X House D Senate President State: KS District: 04	Disbursement For: 2012 X Primary General Other (specify) ▼					
В.	Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE			Transaction ID: SB23.5088 Date of Disbursement			
	Mailing Address P.O. BOX 4945						
	City EAST LANSING	State Zip Code MI 48826		Amount of Each Disbursement this Period			
	Purpose of Disbursement Political contribution		011	1000.00			
	Candidate Name DEBBIE MS STABENOW		Category/ Type				
	Office Sought: House D X Senate President State: MI District: 00	Disbursement For: 2012 X Primary General Other (specify) ▼					

SUBTOTAL of Disbursements This Page (optional)	►	3500.00
TOTAL This Period (last page this line number only)	►	16000.00

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FEC Schedule B ( Form 3X) (Revised 02/2003)