

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Harden Healthcare LLC Federal PAC

ADDRESS (number and street) 1703 W. 5th Street

Check if different than previously reported. (ACC) Suite 700

Austin TX 78703

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00489740 Austin TX 78703

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on 11 / 06 / 2012 in the State of TX

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 10 / 01 / 2012 through 10 / 17 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas Lloyd Wilson

Signature of Treasurer Thomas Lloyd Wilson [Electronically Filed] Date 10 / 24 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Harden Healthcare LLC Federal PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		57115.50
(b) Cash on Hand at Beginning of Reporting Period.....	54028.00	
(c) Total Receipts (from Line 19)	3798.60	75178.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	57826.60	132293.60
7. Total Disbursements (from Line 31).....	12000.00	86467.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	45826.60	45826.60
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Harden Healthcare LLC Federal PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2826.00	50489.00
(ii) Unitemized	972.60	24689.10
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3798.60	75178.10
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3798.60	75178.10
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	3798.60	75178.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3798.60	75178.10

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	845.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	845.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	47865.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2.00
29. Other Disbursements	11000.00	37755.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12000.00	86467.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	86467.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3798.60	75178.10
34. Total Contribution Refunds (from Line 28(d))	0.00	2.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3798.60	75176.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	845.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	845.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Jeanette A Bloch
 Full Name (Last, First, Middle Initial)
 Mailing Address 1211 S Ginkgo Ln
 City Andover State KS Zip Code 67002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Voyager Hospice Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.13945
 Amount of Each Receipt this Period
 25.00

B. Brianna B Braden
 Full Name (Last, First, Middle Initial)
 Mailing Address 18821 Gold Dust Pass
 City Pflugerville State TX Zip Code 78660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Senior Vice President, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : SA11AI.14118
 Amount of Each Receipt this Period
 100.00

C. Wendi Bray
 Full Name (Last, First, Middle Initial)
 Mailing Address 15705 Edenderry Dr
 City Austin State TX Zip Code 78717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Senior Vice President, Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : SA11AI.14119
 Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6175 Colt Dr

City West Des Moines State IA Zip Code 50131

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

Name of Employer Voyager Hospice Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.13953

Amount of Each Receipt this Period
50.00

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

Mailing Address 2807 S Gary Ave

City Tulsa State OK Zip Code 74114

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

Name of Employer Girling Community Care Occupation Regional Manager, Oklahoma

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1140.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2012
Transaction ID : SA11AI.14103

Amount of Each Receipt this Period
60.00

C. Stefanie L Cavanaugh
Full Name (Last, First, Middle Initial)

Mailing Address 12512 Deer Falls Dr

City Austin State TX Zip Code 78729

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

Name of Employer Harden Healthcare Services Occupation Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : SA11AI.14124

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **310.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Cathi Coney
Full Name (Last, First, Middle Initial)
Mailing Address 7207 Nine Oaks Cv
City Austin State TX Zip Code 78759
FEC ID number of contributing federal political committee. **C**
Name of Employer MBS Pharmacy Occupation Vice President, Operations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **925.00**

Date of Receipt **10 / 05 / 2012**
Transaction ID : SA11AI.13968
Amount of Each Receipt this Period **25.00**

B. Gloria R Crawford
Full Name (Last, First, Middle Initial)
Mailing Address 6013 Forest Shadow St
City San Antonio State TX Zip Code 78240
FEC ID number of contributing federal political committee. **C**
Name of Employer Girling Community Care Occupation Regional Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **570.00**

Date of Receipt **10 / 15 / 2012**
Transaction ID : SA11AI.14133
Amount of Each Receipt this Period **30.00**

C. Lisa Lynn Cupps
Full Name (Last, First, Middle Initial)
Mailing Address 2450 County Road 253
City Comanche State TX Zip Code 76442
FEC ID number of contributing federal political committee. **C**
Name of Employer Girling Community Care Occupation Regional Director, West Texas
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **950.00**

Date of Receipt **10 / 15 / 2012**
Transaction ID : SA11AI.14135
Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **105.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Wendy L Day		Date of Receipt
Mailing Address 4809 Sinclair Ave		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City Austin	State TX	Zip Code 78756
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.13972
Name of Employer TRISUN Healthcare		Amount of Each Receipt this Period
Occupation Administrator		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="950.00"/>		

Full Name (Last, First, Middle Initial) B. James Wayne Douglas		Date of Receipt
Mailing Address 4701 Circle Oak Cv		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14138
Name of Employer Girling Community Care		Amount of Each Receipt this Period
Occupation President		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1800.00"/>		

Full Name (Last, First, Middle Initial) C. Mark Duncan		Date of Receipt
Mailing Address 799 W Bartlett Dr		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Buda	State TX	Zip Code 78610
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14140
Name of Employer TRISUN Healthcare		Amount of Each Receipt this Period
Occupation Vice President, Operations, North		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1425.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dianne B Edwards
 Full Name (Last, First, Middle Initial)
 Mailing Address 6600 Lands End Ct
 City Fort Worth State TX Zip Code 76116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRISUN Healthcare Occupation Nurse Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 15 / 2012
Transaction ID : SA11AI.14142
 Amount of Each Receipt this Period 25.00

B. Scott Ellyson
 Full Name (Last, First, Middle Initial)
 Mailing Address 824 Stonewall Ridge
 City Austin State TX Zip Code 78746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 10 / 15 / 2012
Transaction ID : SA11AI.14144
 Amount of Each Receipt this Period 100.00

C. Bradford W Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 E Red Bridge Rd
 City Kansas City State MO Zip Code 67131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospice Care of Kansas Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 10 / 05 / 2012
Transaction ID : SA11AI.13980
 Amount of Each Receipt this Period 50.00

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

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

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

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

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

Mailing Address **PO Box 190**

City **Florence** State **TX** Zip Code **76527**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2012			

Transaction ID : SA11AI.14150

Amount of Each Receipt this Period

100.00

50.00

Full Name (Last, First, Middle Initial)
B. Lori Don McNamee Gregory

Mailing Address **555 E 5th St Apt 2819**

City **Austin** State **TX** Zip Code **78703**

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

Name of Employer **Harden Healthcare Services** Occupation **Chief Compliance Officer**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2012			

Transaction ID : SA11AI.14155

Amount of Each Receipt this Period

20.00

25.00

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

Mailing Address **6480 County Road 321**

City **Blanket** State **TX** Zip Code **76432**

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

Name of Employer **Lighthouse Hospice** Occupation **Administrator**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2012			

Transaction ID : SA11AI.13995

Amount of Each Receipt this Period

20.00

25.00

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

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

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

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

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

Mailing Address 2211 Sunny Slope Dr

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2012

Transaction ID : SA11Al.14160

Amount of Each Receipt this Period

200.00

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

Mailing Address 3005 Chatelaine Dr

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

Name of Employer Harden Healthcare	Occupation Legal
---------------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2012

Transaction ID : SA11Al.14161

Amount of Each Receipt this Period

50.00

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

Mailing Address 6112 Jumano Ln

City Austin	State TX	Zip Code 78749
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FEC ID number of contributing federal political committee. **C**

Name of Employer TRISUN Healthcare	Occupation Vice President, Professional Services
---------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2012

Transaction ID : SA11Al.14165

Amount of Each Receipt this Period

50.00

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

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

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

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

Full Name (Last, First, Middle Initial) A. Tina Hilmas		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 10 / 2012 Transaction ID : SA11AI.14096
Mailing Address 494 Countryside Dr		Amount of Each Receipt this Period 90.00
City Rolla	State MO	Zip Code 65401
FEC ID number of contributing federal political committee. C		
Name of Employer Girling Community Care	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) B. Chelsea M Holden		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2012 Transaction ID : SA11AI.14170
Mailing Address 4000 Dunning Ln		Amount of Each Receipt this Period 25.00
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. C		
Name of Employer Harden Healthcare Services	Occupation Government Relations Liaison	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) C. Maxzine Holliday		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2012 Transaction ID : SA11AI.13998
Mailing Address 6116 Sulfur Spring Dr		Amount of Each Receipt this Period 40.00
City Killeen	State TX	Zip Code 76542
FEC ID number of contributing federal political committee. C		
Name of Employer TRISUN Healthcare	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Kelly Ann Jalowiec
 Full Name (Last, First, Middle Initial)
 Mailing Address 1410 W Fillmore St
 City Chicago State IL Zip Code 60607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Girling Home Health Vice President, Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : SA11AI.14175
 Amount of Each Receipt this Period
 75.00

B. Lakishia Lanette Jawdje
 Full Name (Last, First, Middle Initial)
 Mailing Address 5735 Tiger Lilly Way
 City Houston State TX Zip Code 77085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Girling Community Care Regional Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : SA11AI.14176
 Amount of Each Receipt this Period
 25.00

C. Brenda Kaden
 Full Name (Last, First, Middle Initial)
 Mailing Address 13601 County Road 7160
 City Rolla State MO Zip Code 65401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Girling Community Care Regional Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012
Transaction ID : SA11AI.14098
 Amount of Each Receipt this Period
 25.00

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

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

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

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

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

Mailing Address 285 E Summit Dr

City Wimberley	State TX	Zip Code 78676
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2012

Transaction ID : SA11Al.14181

Amount of Each Receipt this Period
125.00

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

Mailing Address 9513 Prescott Dr

City Austin	State TX	Zip Code 78749
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2012

Transaction ID : SA11Al.14185

Amount of Each Receipt this Period
100.00

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

Mailing Address 1620 Elder Hill Rd

City Driftwood	State TX	Zip Code 78619
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FEC ID number of contributing federal political committee. **C**

Name of Employer Girling Community Care	Occupation General Manager
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2012

Transaction ID : SA11Al.14187

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1645 BENBOW RD

City State Zip Code
 INEZ TX 77968

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

Name of Employer Occupation
 Girling Home Health Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : SA11Al.14188

Amount of Each Receipt this Period
 15.00

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

Mailing Address 210 W Windcrest St

City State Zip Code
 Fredericksburg TX 78624

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

Name of Employer Occupation
 Windcrest Nursing and Rehab Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11Al.14014

Amount of Each Receipt this Period
 10.00

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

Mailing Address 1703 W 5th St

City State Zip Code
 Austin TX 78703

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : SA11Al.14190

Amount of Each Receipt this Period
 50.00

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

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

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

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

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

A. Maria A MacKeil
 Full Name (Last, First, Middle Initial)
 Mailing Address 8820 Colberg Dr
 City Austin State TX Zip Code 78749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Director of Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 10 / 15 / 2012
Transaction ID : SA11AI.14193
 Amount of Each Receipt this Period 50.00

B. Polly A Matlock
 Full Name (Last, First, Middle Initial)
 Mailing Address 7225 Eastex Fwy
 City Beaumont State TX Zip Code 77708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Girling Home Health Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 15 / 2012
Transaction ID : SA11AI.14197
 Amount of Each Receipt this Period 30.00

C. Deborah Morgan
 Full Name (Last, First, Middle Initial)
 Mailing Address 5404 Agatha Cir
 City Austin State TX Zip Code 78724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation PMO Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 10 / 15 / 2012
Transaction ID : SA11AI.14203
 Amount of Each Receipt this Period 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3507 Abrazo

City San Antonio State TX Zip Code 78247

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

Name of Employer TRISUN Healthcare Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.14041

Amount of Each Receipt this Period
 25.00

B. William B Parrish
Full Name (Last, First, Middle Initial)

Mailing Address 3200 Wild Canyon Loop

City Austin State TX Zip Code 78732

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

Name of Employer Girling Home Health Occupation Vice President, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : SA11AI.14211

Amount of Each Receipt this Period
 50.00

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

Mailing Address 2913 Richfield Landing

City Pflugerville State TX Zip Code 78660

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

Name of Employer Girling Community Care Occupation Financial Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : SA11AI.14213

Amount of Each Receipt this Period
 1.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 201 County Road 326a

City Rosebud State TX Zip Code 76570

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

Name of Employer Occupation
Girling Community Care Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
10 / 15 / 2012
Transaction ID : SA11AI.14214

Amount of Each Receipt this Period
25.00

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

Mailing Address 2818 Fountain Grove Cv

City Round Rock State TX Zip Code 78665

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

Name of Employer Occupation
MBS Rehab Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt
10 / 05 / 2012
Transaction ID : SA11AI.14050

Amount of Each Receipt this Period
40.00

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

Mailing Address 3110 Cimmaron Rd

City Weatherford State TX Zip Code 76087

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

Name of Employer Occupation
TRISUN Healthcare Regional Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
10 / 15 / 2012
Transaction ID : SA11AI.14216

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 408 Beauty Ln

City Whitesboro	State TX	Zip Code 76273
--------------------	-------------	-------------------

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

Name of Employer MBS Rehab	Occupation Occupational Therapist
-------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2012

Transaction ID : SA11AI.14063

Amount of Each Receipt this Period

25.00

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

Mailing Address 1611 W 5th St

City Austin	State TX	Zip Code 78713
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2012

Transaction ID : SA11AI.14219

Amount of Each Receipt this Period

20.00

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

Mailing Address 1284 County Road 282

City Bertram	State TX	Zip Code 78605
-----------------	-------------	-------------------

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

Name of Employer Harden Healthcare Services	Occupation Sr. Network Administrator
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2012

Transaction ID : SA11AI.14220

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Rebecca Shropshire
Full Name (Last, First, Middle Initial)
Mailing Address 722 Craig St
City Hillboro State TX Zip Code 76645
FEC ID number of contributing federal political committee. **C**
Name of Employer TRISUN Healthcare Occupation Administrator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **760.00**

Date of Receipt **10 / 05 / 2012**
Transaction ID : SA11AI.14067
Amount of Each Receipt this Period **40.00**

B. Toni M Silguero
Full Name (Last, First, Middle Initial)
Mailing Address 3804 Middle Earth Trl
City Austin State TX Zip Code 78739
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Services Occupation Controller
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **475.00**

Date of Receipt **10 / 15 / 2012**
Transaction ID : SA11AI.14226
Amount of Each Receipt this Period **25.00**

C. Juli Simmang
Full Name (Last, First, Middle Initial)
Mailing Address 991 Oak Rdg
City Shertz State TX Zip Code 78154
FEC ID number of contributing federal political committee. **C**
Name of Employer MBS Rehab Occupation Director of Clinical Services
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **950.00**

Date of Receipt **10 / 05 / 2012**
Transaction ID : SA11AI.14068
Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **115.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Robert E Steel
 Full Name (Last, First, Middle Initial)
 Mailing Address 5315 Magdalena Dr
 City Austin State TX Zip Code 78735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 15 / 2012
Transaction ID : SA11AI.14227
 Amount of Each Receipt this Period 25.00

B. Kenneth Stribling
 Full Name (Last, First, Middle Initial)
 Mailing Address 2419 Edgecliff Path
 City Georgetown State TX Zip Code 78626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRISUN Healthcare Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 739.00

Date of Receipt 10 / 05 / 2012
Transaction ID : SA11AI.14071
 Amount of Each Receipt this Period 25.00

C. Nancy A Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 3208 Main Cir W
 City Clifton State CO Zip Code 81520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Voyager Hospice Occupation Clinical Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 15 / 2012
Transaction ID : SA11AI.14230
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Charlene Turner
Full Name (Last, First, Middle Initial)
Mailing Address 2101 Birdie Ct
City San Angelo State TX Zip Code 76904
FEC ID number of contributing federal political committee. **C**
Name of Employer TRISUN Healthcare Occupation Administrator, Regency House
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 05 / 2012
Transaction ID : SA11AI.14077
Amount of Each Receipt this Period 25.00

B. Julie Vandre
Full Name (Last, First, Middle Initial)
Mailing Address 629 Park Ave
City New Richmond State WI Zip Code 54017
FEC ID number of contributing federal political committee. **C**
Name of Employer Girling Home Health Occupation Vice President, Quality & Compliance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 15 / 2012
Transaction ID : SA11AI.14235
Amount of Each Receipt this Period 25.00

C. Ronda Van Meter
Full Name (Last, First, Middle Initial)
Mailing Address 253 LCR 405
City Mexia State TX Zip Code 76667
FEC ID number of contributing federal political committee. **C**
Name of Employer Girling Home Health Occupation Regional Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 950.00

Date of Receipt 10 / 15 / 2012
Transaction ID : SA11AI.14234
Amount of Each Receipt this Period 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4506 Grand Cypress Dr

City Austin State TX Zip Code 78747

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1045.00

Date of Receipt: 10 / 15 / 2012
Transaction ID : SA11AI.14237

Amount of Each Receipt this Period: 55.00

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

Mailing Address 3733 Locke Ln

City Corpus Christi State TX Zip Code 78415

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

Name of Employer: MBS Rehab Occupation: Director of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt: 10 / 05 / 2012
Transaction ID : SA11AI.14089

Amount of Each Receipt this Period: 50.00

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

Mailing Address 1703 W 5th St Ste 700

City Austin State TX Zip Code 78703

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt: 10 / 15 / 2012
Transaction ID : SA11AI.14240

Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00

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

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

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

FOR LINE NUMBER: PAGE 25 OF 29
(check only one)

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

A. Full Name (Last, First, Middle Initial)
Troy Adam Yarborough

Mailing Address 1703 W 5th St Ste 700

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

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

Name of Employer Harden Healthcare	Occupation Senior Vice President
---------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2012

Transaction ID : SA11AI.14242

Amount of Each Receipt this Period

50.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

--

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	2826.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 26 OF 29
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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

Full Name (Last, First, Middle Initial) A. COLLINS FOR SENATOR			Date of Disbursement MM / DD / YYYY 10 / 09 / 2012	
Mailing Address PO BOX 1096			Transaction ID : SB23.14252	
City BANGOR	State ME	Zip Code 04402	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political contribuuiion		Category/Type 011		
Candidate Name SUSAN M COLLINS		Disbursement For: 2012		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: ME	District: 00			

Full Name (Last, First, Middle Initial) B.			Date of Disbursement MM / DD / YYYY	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	Category/Type	
Purpose of Disbursement		Category/Type		
Candidate Name		Disbursement For:		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

Full Name (Last, First, Middle Initial) C.			Date of Disbursement MM / DD / YYYY	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	Category/Type	
Purpose of Disbursement		Category/Type		
Candidate Name		Disbursement For:		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

SUBTOTAL of Disbursements This Page (optional)..... ▶	1000.00
TOTAL This Period (last page this line number only)..... ▶	1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. AMIGOS OF DEE MARGO

Mailing Address PO BOX 981021

City EL PASO State TX Zip Code 79998-1021

Purpose of Disbursement
Political Contribution

011

Candidate Name
Donald R Margo II

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : **SB29.14262**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Rafael Anchia

Mailing Address PO Box 4468

City Dallas State TX Zip Code 75208

Purpose of Disbursement
Political contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : **SB29.14256**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Tony Dale

Mailing Address 104 Breakaway Rd

City Cedar Park State TX Zip Code 78613-6991

Purpose of Disbursement
Political contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 05 / 2012

Transaction ID : **SB29.14245**

Amount of Each Disbursement this Period

1500.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ELECT TODD HUNTER

Mailing Address 445 CAPE HENRY

City State Zip Code
CORPUS CHRISTI TX 78412

Purpose of Disbursement
Political Contribution

011

Candidate Name
Todd Hunter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : **SB29.14259**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF BOB DEUELL

Mailing Address PO BOX 8609

City State Zip Code
GREENVILLE TX 75404

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : **SB29.14260**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. TEXANS FOR DOUG MILLER

Mailing Address PO BOX 312037

City State Zip Code
NEW BRAUNFELS TX 78131

Purpose of Disbursement
Political contribution

011

Candidate Name
Douglas Miller

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 08 / 2012

Transaction ID : **SB29.14250**

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Royce West

Mailing Address 5787 S HAMPTON

City DALLAS State TX Zip Code 75232

Purpose of Disbursement
Political Contribution

011

Candidate Name

Royce West

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2012

Transaction ID : SB29.14258

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Sen Judith Zaffini

Mailing Address PO Box 627

City Lardeo State TX Zip Code 78042-0627

Purpose of Disbursement
Political contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2012

Transaction ID : SB29.14247

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

4000.00

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

11000.00
