

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 Suite 700 Austin TX 78703 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00489740 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10 / 18 / 2012 through 11 / 26 / 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 12 / 06 / 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"/>	<input type="text" value="57115.50"/>	<input type="text" value="57115.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="45826.60"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8460.60"/>	<input type="text" value="83638.70"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="54287.20"/>	<input type="text" value="140754.20"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6252.00"/>	<input type="text" value="92719.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="48035.20"/>	<input type="text" value="48035.20"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Harden Healthcare LLC Federal PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6127.00	56616.00
(ii) Unitemized	2333.60	27022.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8460.60	83638.70
(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)	8460.60	83638.70
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))..... ▶	8460.60	83638.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8460.60	83638.70

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	845.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	845.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	47865.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2.00	4.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2.00	4.00
29. Other Disbursements	6250.00	44005.00
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)) ..	6252.00	92719.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6252.00	92719.00

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)	8460.60	83638.70
34. Total Contribution Refunds (from Line 28(d))	2.00	4.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8458.60	83634.70
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 52
<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. Brianna B Braden
Full Name (Last, First, Middle Initial)

Mailing Address 18821 Gold Dust Pass

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2012

Transaction ID : SA11AI.14460

Amount of Each Receipt this Period
100.00

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

Mailing Address 18821 Gold Dust Pass

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2012

Transaction ID : SA11AI.14761

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2012

Transaction ID : SA11AI.14461

Amount of Each Receipt this Period
100.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 52
(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. Wendi Bray
 Full Name (Last, First, Middle Initial)
 Mailing Address 15705 Edenderry Dr
 City Austin State TX Zip Code 78717
 Date of Receipt 11 / 15 / 2012
 Transaction ID : SA11AI.14762
 Amount of Each Receipt this Period 100.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Harden Healthcare Services Occupation Senior Vice President, Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

B. Richard W Breuss III
 Full Name (Last, First, Middle Initial)
 Mailing Address 6175 Colt Dr
 City West Des Moines State IA Zip Code 50131
 Date of Receipt 10 / 22 / 2012
 Transaction ID : SA11AI.14298
 Amount of Each Receipt this Period 50.00
 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 ▼ 1000.00

C. Richard W Breuss III
 Full Name (Last, First, Middle Initial)
 Mailing Address 6175 Colt Dr
 City West Des Moines State IA Zip Code 50131
 Date of Receipt 11 / 07 / 2012
 Transaction ID : SA11AI.14600
 Amount of Each Receipt this Period 50.00
 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 ▼ 1050.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 52
<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. Richard W Breuss III
Full Name (Last, First, Middle Initial)

Mailing Address 6175 Colt Dr

City West Des Moines	State IA	Zip Code 50131
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FEC ID number of contributing federal political committee. **C**

Name of Employer Voyager Hospice	Occupation Regional Vice President
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2012

Transaction ID : SA11AI.14902

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
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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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : SA11AI.14445

Amount of Each Receipt this Period
60.00

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

Mailing Address 2807 S Gary Ave

City Tulsa	State OK	Zip Code 74114
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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 ▼
1260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2012

Transaction ID : SA11AI.14746

Amount of Each Receipt this Period
60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 52
(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. 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 ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : SA11AI.14468
 Amount of Each Receipt this Period
 200.00

B. Stefanie L Cavanaugh
 Full Name (Last, First, Middle Initial)
 Mailing Address 12512 Deer Falls Dr
 City Austin State TX Zip Code 78729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.14767
 Amount of Each Receipt this Period
 200.00

C. Cathi Coney
 Full Name (Last, First, Middle Initial)
 Mailing Address 7207 Nine Oaks Cv
 City Austin State TX Zip Code 78759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MBS Pharmacy Occupation Vice President, Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2012
Transaction ID : SA11AI.14313
 Amount of Each Receipt this Period
 25.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 52
(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. Cathi Coney

Mailing Address 7207 Nine Oaks Cv

City State Zip Code
 Austin TX 78759

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

Name of Employer Occupation
 MBS Pharmacy Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 975.00

Date of Receipt
 11 / 07 / 2012
Transaction ID : SA11AI.14615

Amount of Each Receipt this Period
 25.00

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

Mailing Address 7207 Nine Oaks Cv

City State Zip Code
 Austin TX 78759

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

Name of Employer Occupation
 MBS Pharmacy Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 11 / 21 / 2012
Transaction ID : SA11AI.14917

Amount of Each Receipt this Period
 25.00

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

Mailing Address 6013 Forest Shadow St

City State Zip Code
 San Antonio TX 78240

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

Name of Employer Occupation
 Girling Community Care Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 10 / 31 / 2012
Transaction ID : SA11AI.14475

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 6013 Forest Shadow 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 ▼ **615.00**

Date of Receipt: **11 / 15 / 2012**

Transaction ID : **SA11AI.14773**

Amount of Each Receipt this Period: **15.00**

B. 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 ▼ **1000.00**

Date of Receipt: **10 / 31 / 2012**

Transaction ID : **SA11AI.14477**

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

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 ▼ **1050.00**

Date of Receipt: **11 / 15 / 2012**

Transaction ID : **SA11AI.14775**

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 12 OF 52
<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. Wendy L Day		Date of Receipt
Mailing Address 4809 Sinclair Ave		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City Austin State TX Zip Code 78756		Transaction ID : SA11Al.14317
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer TRISUN Healthcare 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="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Wendy L Day		Date of Receipt
Mailing Address 4809 Sinclair Ave		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City Austin State TX Zip Code 78756		Transaction ID : SA11Al.14619
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer TRISUN Healthcare 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="1050.00"/>	

Full Name (Last, First, Middle Initial) C. Wendy L Day		Date of Receipt
Mailing Address 4809 Sinclair Ave		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Austin State TX Zip Code 78756		Transaction ID : SA11Al.14921
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer TRISUN Healthcare 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="1100.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 52
	<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. James Wayne Douglas		Date of Receipt
Mailing Address 4701 Circle Oak Cv		<input type="text" value="10"/> / <input type="text" value="31"/> / <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 : SA11Al.14480
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="1900.00"/>	

Full Name (Last, First, Middle Initial) B. James Wayne Douglas		Date of Receipt
Mailing Address 4701 Circle Oak Cv		<input type="text" value="11"/> / <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 : SA11Al.14780
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="2000.00"/>	

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="31"/> / <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 : SA11Al.14482
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="1500.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Mark Duncan		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.14782
Mailing Address 799 W Bartlett Dr		Amount of Each Receipt this Period 75.00
City Buda	State TX	Zip Code 78610
FEC ID number of contributing federal political committee.	C	
Name of Employer TRISUN Healthcare	Occupation Vice President, Operations, North	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1575.00	

Full Name (Last, First, Middle Initial) B. Julie Eberwine		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.14783
Mailing Address 9113 Wampton Way		Amount of Each Receipt this Period 10.00
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee.	C	
Name of Employer Girling Community Care	Occupation Regional Director, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Dianne B Edwards		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 Transaction ID : SA11AI.14484
Mailing Address 6600 Lands End Ct		Amount of Each Receipt this Period 25.00
City Fort Worth	State TX	Zip Code 76116
FEC ID number of contributing federal political committee.	C	
Name of Employer TRISUN Healthcare	Occupation Nurse Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 52
<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. Dianne B Edwards		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.14784
Mailing Address 6600 Lands End Ct		Amount of Each Receipt this Period 25.00
City Fort Worth	State TX	Zip Code 76116
FEC ID number of contributing federal political committee. C		
Name of Employer TRISUN Healthcare	Occupation Nurse Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) B. Scott Ellyson		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 Transaction ID : SA11AI.14486
Mailing Address 824 Stonewall Ridge		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Scott Ellyson		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.14786
Mailing Address 824 Stonewall Ridge		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

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 16 OF 52
(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. Bradford W Evans

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 Occupation
Hospice Care of Kansas Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 22 / 2012
Transaction ID : SA11AI.14325

Amount of Each Receipt this Period
50.00

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

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 Occupation
Hospice Care of Kansas Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 07 / 2012
Transaction ID : SA11AI.14627

Amount of Each Receipt this Period
50.00

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

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 Occupation
Hospice Care of Kansas Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 21 / 2012
Transaction ID : SA11AI.14929

Amount of Each Receipt this Period
50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 52
<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		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2012 Transaction ID : SA11AI.14492
Mailing Address PO Box 190		Amount of Each Receipt this Period 50.00
City Florence	State TX	Zip Code 76527
FEC ID number of contributing federal political committee. C		
Name of Employer Girling Home Health	Occupation Vice President, Rehab	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Patricia A (Tricia) Fox		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.14792
Mailing Address PO Box 190		Amount of Each Receipt this Period 50.00
City Florence	State TX	Zip Code 76527
FEC ID number of contributing federal political committee. C		
Name of Employer Girling Home Health	Occupation Vice President, Rehab	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. Lori Don McNamee Gregory		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2012 Transaction ID : SA11AI.14497
Mailing Address 555 E 5th St Apt 2819		Amount of Each Receipt this Period 25.00
City Austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee. C		
Name of Employer Harden Healthcare Services	Occupation Chief Compliance Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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 18 OF 52
	<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. Lori Don McNamee Gregory		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.14797
Mailing Address 555 E 5th St Apt 2819		Amount of Each Receipt this Period 25.00
City Austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee.	C	
Name of Employer Harden Healthcare Services	Occupation Chief Compliance Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) B. Elaine Hall		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2012 Transaction ID : SA11AI.14339
Mailing Address 6480 County Road 321		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Elaine Hall		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2012 Transaction ID : SA11AI.14640
Mailing Address 6480 County Road 321		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

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 19 OF 52
	<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. Elaine Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 6480 County Road 321
 City Blanket State TX Zip Code 76432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lighthouse Hospice Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2012
Transaction ID : SA11AI.14941
 Amount of Each Receipt this Period
 25.00

B. Benjamin Hanson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2211 Sunny Slope Dr
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Sr Vice President & General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : SA11AI.14501
 Amount of Each Receipt this Period
 200.00

C. Benjamin Hanson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2211 Sunny Slope Dr
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Sr Vice President & General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.14801
 Amount of Each Receipt this Period
 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 52
<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. Eric J Hansum
Full Name (Last, First, Middle Initial)
Mailing Address 3005 Chatelaine Dr
City Austin State TX Zip Code 78746
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Occupation Legal
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2012
Transaction ID : SA11AI.14502
Amount of Each Receipt this Period 50.00

B. Eric J Hansum
Full Name (Last, First, Middle Initial)
Mailing Address 3005 Chatelaine Dr
City Austin State TX Zip Code 78746
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Occupation Legal
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.14802
Amount of Each Receipt this Period 50.00

C. Robin J Hayes
Full Name (Last, First, Middle Initial)
Mailing Address 6112 Jumano Ln
City Austin State TX Zip Code 78749
FEC ID number of contributing federal political committee. **C**
Name of Employer TRISUN Healthcare Occupation Vice President, Professional Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2012
Transaction ID : SA11AI.14506
Amount of Each Receipt this Period 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6112 Jumano Ln

City Austin State TX Zip Code 78749

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

Name of Employer TRISUN Healthcare Occupation Vice President, Professional Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.14805

Amount of Each Receipt this Period
50.00

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

Mailing Address 494 Countryside Dr

City Rolla State MO Zip Code 65401

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

Name of Employer Girling Community Care Occupation Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2012
Transaction ID : SA11AI.14437

Amount of Each Receipt this Period
25.00

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

Mailing Address 494 Countryside Dr

City Rolla State MO Zip Code 65401

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

Name of Employer Girling Community Care Occupation Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2012
Transaction ID : SA11AI.14643

Amount of Each Receipt this Period
25.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 52
	<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. Tina Hilmas
Full Name (Last, First, Middle Initial)

Mailing Address 494 Countryside Dr

City Rolla State MO Zip Code 65401

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **11 / 21 / 2012**

Transaction ID : SA11AI.14943

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

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

Mailing Address 4000 Dunning Ln

City Austin State TX Zip Code 78746

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **10 / 31 / 2012**

Transaction ID : SA11AI.14511

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

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

Mailing Address 4000 Dunning Ln

City Austin State TX Zip Code 78746

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt: **11 / 15 / 2012**

Transaction ID : SA11AI.14810

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 52
	<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. Maxzine Holliday		Date of Receipt
Mailing Address 6116 Sulfur Spring Dr		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City Killeen	State TX	Zip Code 76542
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14342
Name of Employer TRISUN Healthcare		Amount of Each Receipt this Period
Occupation Director of Nursing		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="650.00"/>		

Full Name (Last, First, Middle Initial) B. Maxzine Holliday		Date of Receipt
Mailing Address 6116 Sulfur Spring Dr		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City Killeen	State TX	Zip Code 76542
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14644
Name of Employer TRISUN Healthcare		Amount of Each Receipt this Period
Occupation Director of Nursing		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="690.00"/>		

Full Name (Last, First, Middle Initial) C. Maxzine Holliday		Date of Receipt
Mailing Address 6116 Sulfur Spring Dr		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Killeen	State TX	Zip Code 76542
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14944
Name of Employer TRISUN Healthcare		Amount of Each Receipt this Period
Occupation Director of Nursing		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="730.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 52
	<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. Kelly Ann Jalowiec
Full Name (Last, First, Middle Initial)

Mailing Address 1410 W Fillmore St

City Chicago State IL Zip Code 60607

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

Name of Employer: Girling Home Health Occupation: Vice President, Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt: **10 / 31 / 2012**

Transaction ID : SA11Al.14517

Amount of Each Receipt this Period: **75.00**

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

Mailing Address 1410 W Fillmore St

City Chicago State IL Zip Code 60607

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

Name of Employer: Girling Home Health Occupation: Vice President, Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1575.00**

Date of Receipt: **11 / 15 / 2012**

Transaction ID : SA11Al.14816

Amount of Each Receipt this Period: **75.00**

C. 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: Girling Community Care Occupation: Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **10 / 31 / 2012**

Transaction ID : SA11Al.14518

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

SUBTOTAL of Receipts This Page (optional)..... **175.00**

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

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

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

FOR LINE NUMBER: PAGE 25 OF 52
(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. Lakishia Lanette Jawdje

Mailing Address 5735 Tiger Lilly Way

City State Zip Code
 Houston TX 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 ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012

Transaction ID : SA11AI.14817

Amount of Each Receipt this Period
 25.00

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

Mailing Address 13601 County Road 7160

City State Zip Code
 Rolla MO 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 ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11AI.14439

Amount of Each Receipt this Period
 25.00

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

Mailing Address 13601 County Road 7160

City State Zip Code
 Rolla MO 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 ▼
 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2012

Transaction ID : SA11AI.14657

Amount of Each Receipt this Period
 25.00

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

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

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

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

FOR LINE NUMBER: PAGE 26 OF 52
(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. Brenda Kaden

Mailing Address 13601 County Road 7160

City Rolla State MO Zip Code 65401

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

Name of Employer Occupation
Girling Community Care Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2012
Transaction ID : SA11AI.14956

Amount of Each Receipt this Period
25.00

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

Mailing Address 285 E Summit Dr

City Wimberley State TX Zip Code 78676

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : SA11AI.14522

Amount of Each Receipt this Period
125.00

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

Mailing Address 285 E Summit Dr

City Wimberley State TX Zip Code 78676

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.14821

Amount of Each Receipt this Period
125.00

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: (check only one)	PAGE 27 OF 52
<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. Beverly Ann Kolb		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.14825
Mailing Address RT 2 Box 179		Amount of Each Receipt this Period 100.00
City Bronson	State TX	Zip Code 75930
FEC ID number of contributing federal political committee. C	Name of Employer Girling Community Care	Occupation Branch Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Kimberly A Layton		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 Transaction ID : SA11AI.14526
Mailing Address 9513 Prescott Dr		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. C	Name of Employer Harden Healthcare	Occupation President, Leadership Development Inst
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Kimberly A Layton		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.14827
Mailing Address 9513 Prescott Dr		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. C	Name of Employer Harden Healthcare	Occupation President, Leadership Development Inst
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 52
	<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. George Ledbetter

Mailing Address 1620 Elder Hill Rd

City State Zip Code
Driftwood TX 78619

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

Name of Employer Occupation
Girling Community Care General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2012
Transaction ID : SA11AI.14528

Amount of Each Receipt this Period
50.00

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

Mailing Address 1620 Elder Hill Rd

City State Zip Code
Driftwood TX 78619

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

Name of Employer Occupation
Girling Community Care General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 15 / 2012
Transaction ID : SA11AI.14829

Amount of Each Receipt this Period
50.00

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

Mailing Address 1645 BENBOW RD

City State Zip Code
INEZ TX 77968

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

Name of Employer Occupation
Girling Home Health Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2012
Transaction ID : SA11AI.14529

Amount of Each Receipt this Period
15.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 52
<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. Deanna Faye Lewis		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.14830
Mailing Address 1645 BENBOW RD		Amount of Each Receipt this Period 15.00
City INEZ	State TX	Zip Code 77968
FEC ID number of contributing federal political committee. C		
Name of Employer Girling Home Health	Occupation Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. Debra Lietz		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2012 Transaction ID : SA11AI.14359
Mailing Address 210 W Windcrest St		Amount of Each Receipt this Period 10.00
City Frederickburg	State TX	Zip Code 78624
FEC ID number of contributing federal political committee. C		
Name of Employer Windcrest Nursing and Rehab	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Debra Lietz		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2012 Transaction ID : SA11AI.14663
Mailing Address 210 W Windcrest St		Amount of Each Receipt this Period 10.00
City Frederickburg	State TX	Zip Code 78624
FEC ID number of contributing federal political committee. C		
Name of Employer Windcrest Nursing and Rehab	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

SUBTOTAL of Receipts This Page (optional).....▶	35.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 52
<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. Debra Lietz		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 21 / 2012 Transaction ID : SA11AI.14962
Mailing Address 210 W Windcrest St		Amount of Each Receipt this Period 10.00
City Frederickburg	State TX	Zip Code 78624
FEC ID number of contributing federal political committee. C		
Name of Employer Windcrest Nursing and Rehab	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. William Thomas Linder Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 Transaction ID : SA11AI.14530
Mailing Address 1703 W 5th St		Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee. C		
Name of Employer Girling Home Health	Occupation Vice President, Home Health Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. William Thomas Linder Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.14831
Mailing Address 1703 W 5th St		Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee. C		
Name of Employer Girling Home Health	Occupation Vice President, Home Health Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Maria A MacKeil		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012 Transaction ID : SA11AI.14533
Mailing Address 8820 Colberg Dr		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Maria A MacKeil		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.14834
Mailing Address 8820 Colberg Dr		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. Polly A Matlock		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2012 Transaction ID : SA11AI.14537
Mailing Address 7225 Eastex Fwy		Amount of Each Receipt this Period 30.00
City Beaumont	State TX	Zip Code 77708
FEC ID number of contributing federal political committee. C		
Name of Employer Girling Home Health	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 52
	<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. Polly A Matlock

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 ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2012

Transaction ID : SA11AI.14838

Amount of Each Receipt this Period
30.00

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

Mailing Address 5404 Agatha Cir

City Austin	State TX	Zip Code 78724
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare Services	Occupation PMO Director
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2012

Transaction ID : SA11AI.14542

Amount of Each Receipt this Period
20.00

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

Mailing Address 5404 Agatha Cir

City Austin	State TX	Zip Code 78724
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare Services	Occupation PMO Director
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2012

Transaction ID : SA11AI.14843

Amount of Each Receipt this Period
20.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Victoria Palm		Date of Receipt
Mailing Address 3507 Abrazo		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City San Antonio State TX Zip Code 78247		Transaction ID : SA11AI.14384
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer TRISUN Healthcare Occupation Regional Vice President		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="475.00"/>	

Full Name (Last, First, Middle Initial) B. Victoria Palm		Date of Receipt
Mailing Address 3507 Abrazo		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City San Antonio State TX Zip Code 78247		Transaction ID : SA11AI.14687
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer TRISUN Healthcare Occupation Regional Vice President		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Victoria Palm		Date of Receipt
Mailing Address 3507 Abrazo		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City San Antonio State TX Zip Code 78247		Transaction ID : SA11AI.14987
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer TRISUN Healthcare Occupation Regional Vice President		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="525.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3200 Wild Canyon Loop

City Austin	State TX	Zip Code 78732
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2012

Transaction ID : SA11AI.14550

Amount of Each Receipt this Period
50.00

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

Mailing Address 3200 Wild Canyon Loop

City Austin	State TX	Zip Code 78732
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2012

Transaction ID : SA11AI.14851

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 ▼
356.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2012

Transaction ID : SA11AI.14552

Amount of Each Receipt this Period
1.00

SUBTOTAL of Receipts This Page (optional).....▶	101.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 52
(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. Mark Pinckard

Mailing Address 2913 Richfield Landing

City Pflugerville State TX Zip Code 78660

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

Name of Employer Occupation
Girling Community Care Financial Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
357.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.14853

Amount of Each Receipt this Period
1.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : SA11AI.14553

Amount of Each Receipt this Period
25.00

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

Mailing Address 201 County Road 326a

City 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 ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.14854

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 51.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 52
<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. Shanni F Ponce
Full Name (Last, First, Middle Initial)
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 MBS Rehab Occupation Senior Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **800.00**

Date of Receipt **10 / 22 / 2012**
Transaction ID : SA11AI.14393
Amount of Each Receipt this Period **400.00**

B. Jeanette Reinert
Full Name (Last, First, Middle Initial)
Mailing Address 3110 Cimmaron Rd
City Weatherford State TX Zip Code 76087
FEC ID number of contributing federal political committee. **C**
Name of Employer TRISUN Healthcare Occupation Regional Manager
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 31 / 2012**
Transaction ID : SA11AI.14556
Amount of Each Receipt this Period **25.00**

C. Jeanette Reinert
Full Name (Last, First, Middle Initial)
Mailing Address 3110 Cimmaron Rd
City Weatherford State TX Zip Code 76087
FEC ID number of contributing federal political committee. **C**
Name of Employer TRISUN Healthcare Occupation Regional Manager
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **525.00**

Date of Receipt **11 / 15 / 2012**
Transaction ID : SA11AI.14857
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 37 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lisa Roundtree
Full Name (Last, First, Middle Initial)
Mailing Address 408 Beauty Ln
City Whitesboro State TX Zip Code 76273
FEC ID number of contributing federal political committee. **C**
Name of Employer MBS Rehab Occupation Occupational Therapist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 22 / 2012**
Transaction ID : SA11AI.14406
Amount of Each Receipt this Period **25.00**

B. Lisa Roundtree
Full Name (Last, First, Middle Initial)
Mailing Address 408 Beauty Ln
City Whitesboro State TX Zip Code 76273
FEC ID number of contributing federal political committee. **C**
Name of Employer MBS Rehab Occupation Occupational Therapist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **525.00**

Date of Receipt **11 / 07 / 2012**
Transaction ID : SA11AI.14708
Amount of Each Receipt this Period **25.00**

C. Lisa Roundtree
Full Name (Last, First, Middle Initial)
Mailing Address 408 Beauty Ln
City Whitesboro State TX Zip Code 76273
FEC ID number of contributing federal political committee. **C**
Name of Employer MBS Rehab Occupation Occupational Therapist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 21 / 2012**
Transaction ID : SA11AI.15008
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 38 OF 52
<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. Chris Roussos

Mailing Address 1611 W 5th St

City Austin State TX Zip Code 78713

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

Name of Employer Harden Healthcare Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.14559

Amount of Each Receipt this Period
20.00

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

Mailing Address 1611 W 5th St

City Austin State TX Zip Code 78713

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

Name of Employer Harden Healthcare Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : SA11AI.14860

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 ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.14560

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 39 OF 52
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

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

Mailing Address 1284 County Road 282

City	State	Zip Code
Bertram	TX	78605

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

Name of Employer	Occupation
Harden Healthcare Services	Sr. Network Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 11 / 15 / 2012
Transaction ID : SA11Al.14861

Amount of Each Receipt this Period
25.00

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

Mailing Address 5614 Clay Ave

City	State	Zip Code
Austin	TX	78756

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 11 / 15 / 2012
Transaction ID : SA11Al.14866

Amount of Each Receipt this Period
10.00

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

Mailing Address 722 Craig St

City	State	Zip Code
Hillboro	TX	76645

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

Name of Employer	Occupation
TRISUN Healthcare	Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 10 / 22 / 2012
Transaction ID : SA11Al.14410

Amount of Each Receipt this Period
40.00

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 40 OF 52
<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 **840.00**

Date of Receipt **11 / 07 / 2012**
Transaction ID : SA11AI.14712
Amount of Each Receipt this Period **40.00**

B. 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 **880.00**

Date of Receipt **11 / 21 / 2012**
Transaction ID : SA11AI.15012
Amount of Each Receipt this Period **40.00**

C. 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 **500.00**

Date of Receipt **10 / 31 / 2012**
Transaction ID : SA11AI.14567
Amount of Each Receipt this Period **25.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 OF 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2012

Transaction ID : SA11AI.14868

Amount of Each Receipt this Period

525.00

B. 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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2012

Transaction ID : SA11AI.14411

Amount of Each Receipt this Period

50.00

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 ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2012

Transaction ID : SA11AI.14713

Amount of Each Receipt this Period

50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 991 Oak 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 ▼ **1100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2012

Transaction ID : SA11AI.15013

Amount of Each Receipt this Period
50.00

B. Robert E Steel
Full Name (Last, First, Middle Initial)

Mailing Address 5315 Magdalena Dr

City Austin State TX Zip Code 78735

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

Name of Employer Harden Healthcare Occupation Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.14568

Amount of Each Receipt this Period
25.00

C. Robert E Steel
Full Name (Last, First, Middle Initial)

Mailing Address 5315 Magdalena Dr

City Austin State TX Zip Code 78735

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

Name of Employer Harden Healthcare Occupation Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : SA11AI.14869

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 52
	<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. Kenneth Stribling		Date of Receipt
Mailing Address 2419 Edgecliff Path		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Georgetown TX 78626		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14414
Name of Employer Occupation TRISUN Healthcare Administrator		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="25.00"/>
Aggregate Year-to-Date ▼		<input type="text" value="764.00"/>

Full Name (Last, First, Middle Initial) B. Kenneth Stribling		Date of Receipt
Mailing Address 2419 Edgecliff Path		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Georgetown TX 78626		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14716
Name of Employer Occupation TRISUN Healthcare Administrator		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="25.00"/>
Aggregate Year-to-Date ▼		<input type="text" value="789.00"/>

Full Name (Last, First, Middle Initial) C. Kenneth Stribling		Date of Receipt
Mailing Address 2419 Edgecliff Path		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Georgetown TX 78626		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.15016
Name of Employer Occupation TRISUN Healthcare Administrator		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="25.00"/>
Aggregate Year-to-Date ▼		<input type="text" value="814.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 44 OF 52
(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. Nancy A Taylor

Mailing Address 3208 Main Cir W

City Clifton State CO Zip Code 81520

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

Name of Employer Voyager Hospice Occupation Clinical Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
10 / 31 / 2012
Transaction ID : SA11AI.14571

Amount of Each Receipt this Period
25.00

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

Mailing Address 3208 Main Cir W

City Clifton State CO Zip Code 81520

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

Name of Employer Voyager Hospice Occupation Clinical Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
11 / 15 / 2012
Transaction ID : SA11AI.14872

Amount of Each Receipt this Period
25.00

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

Mailing Address 2101 Birdie Ct

City San Angelo State TX Zip Code 76904

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

Name of Employer TRISUN Healthcare Occupation Administrator, Regency House

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
10 / 22 / 2012
Transaction ID : SA11AI.14420

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 45 OF 52
<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. Charlene Turner		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2012 Transaction ID : SA11AI.14723
Mailing Address 2101 Birdie Ct		Amount of Each Receipt this Period 25.00
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: <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) B. Charlene Turner		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 21 / 2012 Transaction ID : SA11AI.15023
Mailing Address 2101 Birdie Ct		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Julie Vandre		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 Transaction ID : SA11AI.14576
Mailing Address 629 Park Ave		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 46 OF 52
	<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. Julie Vandre
Full Name (Last, First, Middle Initial)

Mailing Address 629 Park Ave

City New Richmond State WI Zip Code 54017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : SA11AI.14877

Amount of Each Receipt this Period
25.00

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

Mailing Address 253 LCR 405

City Mexia State TX Zip Code 76667

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

Name of Employer Occupation
Girling Home Health Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.14575

Amount of Each Receipt this Period
50.00

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

Mailing Address 253 LCR 405

City Mexia State TX Zip Code 76667

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

Name of Employer Occupation
Girling Home Health Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : SA11AI.14876

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 52
	<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. Jennifer Lynn Vogt		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 Transaction ID : SA11AI.14578
Mailing Address 4506 Grand Cypress Dr		Amount of Each Receipt this Period 55.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. Jennifer Lynn Vogt		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.14879
Mailing Address 4506 Grand Cypress Dr		Amount of Each Receipt this Period 55.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1155.00	

Full Name (Last, First, Middle Initial) C. Saundra Kay Walters		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2012 Transaction ID : SA11AI.14753
Mailing Address 2900 Lake Jackson Rd PO BOX 647		Amount of Each Receipt this Period 10.00
City Mounds	State OK	Zip Code 74047
FEC ID number of contributing federal political committee.	C	
Name of Employer Girling Community Care	Occupation Director of Nursing, OK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

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

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

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

FOR LINE NUMBER: PAGE 48 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3733 Locke Ln

City State Zip Code
Corpus Christi TX 78415

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

Name of Employer Occupation
MBS Rehab Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2012
Transaction ID : SA11AI.14432

Amount of Each Receipt this Period
50.00

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

Mailing Address 3733 Locke Ln

City State Zip Code
Corpus Christi TX 78415

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

Name of Employer Occupation
MBS Rehab Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2012
Transaction ID : SA11AI.14737

Amount of Each Receipt this Period
50.00

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

Mailing Address 3733 Locke Ln

City State Zip Code
Corpus Christi TX 78415

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

Name of Employer Occupation
MBS Rehab Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2012
Transaction ID : SA11AI.15036

Amount of Each Receipt this Period
50.00

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

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

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

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

FOR LINE NUMBER: PAGE 49 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Thomas Lloyd Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1703 W 5th St Ste 700
 City State Zip Code
 Austin TX 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Harden Healthcare Vice President, Public Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : SA11AI.14580
 Amount of Each Receipt this Period
 40.00

B. Thomas Lloyd Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1703 W 5th St Ste 700
 City State Zip Code
 Austin TX 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Harden Healthcare Vice President, Public Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.14881
 Amount of Each Receipt this Period
 40.00

C. Troy Adam Yarborough
 Full Name (Last, First, Middle Initial)
 Mailing Address 1703 W 5th St Ste 700
 City State Zip Code
 Austin TX 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Harden Healthcare Senior Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 620.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : SA11AI.14582
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 50 OF 52
(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 ▼ **670.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : SA11AI.14883

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 / 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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	6127.00

**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. COMMITTEE FOR CRAIG EILAND

Mailing Address 2211 STRAND ST STE 201

City GALVESTON State TX Zip Code 77550

Purpose of Disbursement
Political Contribution

Candidate Name

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 / 18 / 2012

Transaction ID : SB29.14270

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Sen. Jane Nelson

Mailing Address PO Box 608

City Grapevine State TX Zip Code 76099

Purpose of Disbursement
Political Contribution

Candidate Name

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
11 / 07 / 2012

Transaction ID : SB29.14278

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mrs. Connie Scott

Mailing Address 5548 County Rd 81

City Robstown State TX Zip Code 78380

Purpose of Disbursement
Political Contribution

Candidate Name

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 / 26 / 2012

Transaction ID : SB29.14273

Amount of Each Disbursement this Period

500.00

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

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

3000.00

**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. Hon. Sylvester Turner

Mailing Address 440 Louisiana Ste 1880

City Houston State TX Zip Code 77002

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
11 / 08 / 2012

Transaction ID : SB29.14281

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Sen. John Whitmire

Mailing Address 321 W Cowan

City Houston State TX Zip Code 77007

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
11 / 05 / 2012

Transaction ID : SB29.14275

Amount of Each Disbursement this Period

2000.00

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

3250.00

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

6250.00