Image# 12962884539			_		PAGE 1 / 52
FEC FORM 3X	REPORT O AND DISBU For Other Than An	JRSEMENT	rs	Office U	se Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If ty over the lines.		FE4M5	
Harden Healthcare	LLC Federal PAC				
ADDRESS (number and stree					
Check if different than previously reported. (ACC)	Austin		, , , , , , , , , , , , , , , , , , ,	<pre> 78703</pre>	<u> </u>
2. FEC IDENTIFICATION			STAT		
C C00489740		3. IS THIS REPORT X	NEW (N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report October 15 Quarterly Report 	ort (Q1) ort (Q2) (c) 12-Day PRE -Election Report for th	e: Convention	n (12C)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
January 31 Year-End Repo July 31 Mid-Ye Report (Non-el- Year Only) (MY Termination Re (TER)	ection (d) 30-Day POST-Electio Report for th		60G)	Runoff (30R)	in the State of Special (30S) in the State of
5. Covering Period		112 through	M M /	26 / Y Y 26 20	
I certify that I have examine Type or Print Name of Trea	ed this Report and to the bes	st of my knowledge and	d belief it is true, co	orrect and comple	te.
Signature of Treasurer	Thomas Lloyd Wilson	[Electronica	ally Filed] Date	12/ D6	D / Y Y Y Y 2012
NOTE: Submission of false, e	erroneous, or incomplete inform	nation may subject the p	erson signing this R	eport to the penalti	es of 2 U.S.C. §437g.
Office Use Only					FORM 3X Rev. 12/2004

12/06/2012 15 : 25

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Harden Healthcare LLC Federal PAC M М D Y M 10 2012 26 2012 Report Covering the Period: 18 11 From: To: **COLUMN A** COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. Y 57115.50 January 1, 2012 (b) Cash on Hand at 45826.60 Beginning of Reporting Period..... 83638.70 8460.60 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 54287.20 140754.20 6(a) and 6(c) for Column B)..... 6252.00 92719.00 7. Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 48035.20 48035.20 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

X

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Page 3

Harden Healthcare LLC Federal PAC

Report Covering the Period: From: 10	18 2012 To	<u>): 11 26 2012</u>
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	6127.00	56616.00
(i) Itemized (use Schedule A)	0127.00	
	0000.00	27022.70
(ii) Unitemized	2333.60	27022.70
(iii) TOTAL (add	8460.60	83638.70
Lines 11(a)(i) and (ii)▶	8460.60	63038:70
	0.00	0.00
(b) Political Party Committees		
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines	- /ŋ /ŋ /ħ	7 7 7
11(a)(iii), (b), and (c)) (Carry	8460.60	83638.70
Totals to Line 33, page 5)	7 7 7 7 8 100.00	
	0.00	0.00
Party Committees	0.00	0.00
All Leave Dessived	0.00	0.00
3. All Loans Received		
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	7 - 7 - 1	
(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
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	8460.60	83638.70
1∠, 10, 1 1 , 10, 17, and 10(0)) ►	0400.00	1 1 1
0. Total Federal Receipts		
	8460.60	83638.7
(subtract Line 18(c) from Line 19)►	0400.00	03038.7

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A	COLUMN B
 Operating Expenditures:	Total This Period	Calendar Year-to-Date
(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
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	47865.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(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	2.00	4.00
(add Lines 28(a), (b), and (c))►		4.00
Other Disbursements	6250.00	44005.00
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(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6252.00	92719.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	6252.00	92719.00

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	8460.60	83638.70
 Total Contribution Refunds (from Line 28(d)) 	2.00	4.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	8458.60	83634.70
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	845.00
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
 Net Operating Expenditures (subtract Line 37 from Line 36) 	0.00	845.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

52

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	I PAC		
Full Name (Last, First, Middle Initial) Brianna B Braden Mailing Address 18821 Gold Dust Pass City Pflugerville FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)		Zip Code 78660 President, Human Resources Year-to-Date ▼ 2000.00	Date of Receipt
Full Name (Last, First, Middle Initial) Brianna B Braden Mailing Address 18821 Gold Dust Pass City Pflugerville FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼		Zip Code 78660 President, Human Resources Year-to-Date ▼ 2100.00	Date of Receipt
Full Name (Last, First, Middle Initial) Wendi Bray Mailing Address 15705 Edenderry Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)		Zip Code 78717 President, Finance Year-to-Date ▼ 2000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			300.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

52

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Wendi Bray Mailing Address Mailing Address 15705 Edenderry Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78717 C Occupation Senior Vice President, Finance Aggregate Year-to-Date ▼ 2100.00	Date of Receipt
Receipt For: Primary General Other (specify) ▼	State Zip Code IA 50131 C Occupation Regional Vice President Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial) Richard W Breuss III Mailing Address 6175 Colt Dr City West Des Moines FEC ID number of contributing federal political committee. Name of Employer Voyager Hospice Receipt For: Primary General Other (specify) ▼	State Zip Code IA 50131 C C Occupation C Regional Vice President Aggregate Year-to-Date ▼ 1050.00 1050.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		200.00

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

.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

52

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PA	C	
West Des Moines II FEC ID number of contributing federal political committee. IC Name of Employer Occording Voyager Hospice Reg Receipt For: Agg Other (specify) ▼ Image: Control of the specific spe	ate Zip Code 50131 Upation onal Vice President regate Year-to-Date ▼ 1100.00	Date of Receipt
Tulsa C FEC ID number of contributing federal political committee. C Name of Employer Girling Community Care Occ Reg	ate Zip Code <pre></pre> ✓ 74114 Upation onal Manager, Oklahoma <pre>regate Year-to-Date ▼</pre> 1200.00	Date of Receipt
Tulsa C FEC ID number of contributing federal political committee. C Name of Employer Occ Girling Community Care Reg	ate Zip Code K 74114 upation onal Manager, Oklahoma regate Year-to-Date ▼ 1260.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		170.00

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

.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

52

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	;	
Harden Healthcare Services Finan	78729	Date of Receipt
Harden Healthcare Services Finance	78729	Date of Receipt
MBS Pharmacy Vice F	1	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	•	425.00

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

18

- J

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

52

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	ral PAC		
Full Name (Last, First, Middle Initial) A. Cathi Coney Mailing Address 7207 Nine Oaks Cv City Austin FEC ID number of contributing federal political committee. Name of Employer MBS Pharmacy Receipt For: Primary General Other (specify) ▼		Zip Code 78759 ent, Operations Year-to-Date ▼ 975.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Cathi Coney Mailing Address 7207 Nine Oaks Cv City Austin FEC ID number of contributing federal political committee. Name of Employer MBS Pharmacy Receipt For: Primary General Other (specify)		Zip Code 78759 ent, Operations Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Gloria R Crawford Mailing Address 6013 Forest Shadow St City San Antonio FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State TX C Occupation Regional Di Aggregate		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)......

10

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

52

ITEMIZED RECEIPTS		Detailed Summary Page	< 11a 13		11b 14	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using th			for the		oose o	f soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC							
Full Name (Last, First, Middle Initial) Gloria R Crawford Mailing Address 6013 Forest Shadow St City San Antonio FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State TX C Occupation Regional Di Aggregate			sacti	15 ion ID	; : SA11AI	his Perioc	_
Full Name (Last, First, Middle Initial) B. Lisa Lynn Cupps Mailing Address 2450 County Road 253 City	State	Zip Code	Date o	/	31	C / Y	2012	Y
Comanche FEC ID number of contributing federal political committee.	ТХ	76442					his Perioc	d 0.00
Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼		rector, West Texas Year-to-Date ▼ 1000.00						
Full Name (Last, First, Middle Initial) Lisa Lynn Cupps Mailing Address 2450 County Road 253 City Comanche FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼		Zip Code 76442 irector, West Texas Year-to-Date ▼ 1050.00		sacti	15 ion ID	5 : SA11AI	his Perioc	_
SUBTOTAL of Receipts This Page (optional)					7		115	5.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

11b

(check only one) **X** 11a

PAGE 12 OF

12

11c

52

				, ,	, ,		13		14	15	16		17			
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	y not be sold ddress of any	or used by political cor	any pe mmittee	rson to so	for the licit co	pur ntrib	pose of outions	soliciting	contribu commit	itions tee.				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC		-												
Α.	Full Name (Last, First, Middle Initial) Wendy L Day						Date of	f Re	eceipt							
	Mailing Address 4809 Sinclair Ave						м м 10		22) / Y	ү ү 2012	Y				
	City	State	Zip Code				Trans	sact	ion ID :	SA11AI.1	4317					
	Austin	ТХ	78756				Amount	t of	Each F	Receipt thi	s Period	l				
	FEC ID number of contributing federal political committee.	С							, .		50	0.00				
	Name of Employer	Occupation														
	TRISUN Healthcare	Administrato	or													
	Receipt For:	Aggregate	Year-to-Date	,												
	Primary General Other (specify) ▼		7 7	1000	.00											
В.	Full Name (Last, First, Middle Initial)						Date of	f Re	eceipt							
	Mailing Address 4809 Sinclair Ave						11 07 2012									
	City	State	Zip Code				Trans	acti	on ID :	SA11AI.1	4619					
	Austin	TX	78756				Amount	t of	Each F	Receipt thi	s Period	I				
	FEC ID number of contributing federal political committee.	C					50.00									
	Name of Employer	Occupation														
	TRISUN Healthcare	Administrato	r													
	Receipt For:	Aggregate	Year-to-Date	7												
	Primary General Other (specify) ▼		ý ý	1050.	00											
с.	Full Name (Last, First, Middle Initial) Wendy L Day						Date of	f Re	eceipt							
	Mailing Address 4809 Sinclair Ave						M M	/	21	р / Y	2012	Y				
	City	State	Zip Code				Trans	sact	ion ID :	SA11AI.	14921					
	Austin	ТΧ	78756				Amount	t of	Each F	Receipt thi	s Period	l				
	FEC ID number of contributing federal political committee.	С							,		5	0.00				
	Name of Employer	Occupation				1										
	TRISUN Healthcare	Administrate	or													
	Receipt For:	Aggregate	Year-to-Date	7												
	Primary General															
	Other (specify)		77	1100	.00											
s	UBTOTAL of Receipts This Page (optional)				····· •				, .	7	150	.00				

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

.

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

52

TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
	And Statements may not be sold or used by any p and statements may not be sold or used by any p ng the name and address of any political committe	person for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fed							
Full Name (Last, First, Middle Initial) A. James Wayne Douglas Mailing Address 4701 Circle Oak Cv City Austin FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General	State Zip Code TX 78749 C Occupation President Aggregate Year-to-Date ▼	Date of Receipt					
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. James Wayne Douglas	1900.00	Date of Receipt					
Mailing Address 4701 Circle Oak Cv City Austin	State Zip Code TX 78749	M M / D / Y					
FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For:	C Occupation President Aggregate Year-to-Date ▼ 2000.00	100.00					
Full Name (Last, First, Middle Initial) C. Mark Duncan		Date of Receipt					
Mailing Address 799 W Bartlett Dr City Buda FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78610 C Occupation Vice President, Operations, North Aggregate Year-to-Date ▼ 1500.00	M M					
SUBTOTAL of Receipts This Page (option	al)	275.00					

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

18

- J

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 14 OF

52

		for each category of the Detailed Summary Page				11b 14	11c	12 16	17
Any information copied from such Reports and S or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	I PAC								
Full Name (Last, First, Middle Initial) Mark Duncan Mailing Address 799 W Bartlett Dr City Buda FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼					actio	15 15	SA11AI	nis Perioc	ý 5.00
Full Name (Last, First, Middle Initial) B. Julie Eberwine Mailing Address 9113 Wampton Way City Austin FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼					/ actio	15 n ID :	SA11AI.	nis Perioc	y J D.00
Full Name (Last, First, Middle Initial) Dianne B Edwards Mailing Address 6600 Lands End Ct City Fort Worth FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼		-			actio	31	: SA11AI	nis Perioc	1 5.00
SUBTOTAL of Receipts This Page (optional)		••••••		_				110	0.00

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

. . .

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 15 OF

52

		for each category o Detailed Summary I	×	11a 13		11b 14	11c 15	12	17			
	y information copied from such Reports and St for commercial purposes, other than using the					or the p	ourpo	ose of	soliciting	g contribu	utions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC										
Α.	Full Name (Last, First, Middle Initial) Dianne B Edwards Mailing Address 6600 Lands End Ct				D	Date of	Rec	eipt	/ 7	YYY	Y	
	City	State	Zip Code			11 T		15		2012		
	Fort Worth	TX	76116						SA11AI. eceipt th	is Period	1	
	FEC ID number of contributing federal political committee.	С					,				5.00	
	Name of Employer	Occupation			1							
	TRISUN Healthcare	Nurse Cons	sultant									
	Receipt For:	Aggregate	Year-to-Date ▼	25.00								
	Other (specify)			23.00								
в.	Full Name (Last, First, Middle Initial)				D	Date of	Rec	eipt				
	Mailing Address 824 Stonewall Ridge				1 [м м 10	/	D D D 31	/ Y	2012	Y	
	City	State	Zip Code				actio		SA11AI.			
	Austin	ТХ	78746		A	mount	of E	Each R	eceipt th	is Period	ł	
	FEC ID number of contributing federal political committee.	C				100.00						
	Name of Employer Harden Healthcare	Occupation Chief Finan										
	Receipt For:	Aggregate	Year-to-Date ▼ 20	00.00								
с.	Full Name (Last, First, Middle Initial) Scott Ellyson				D	Date of	Rec	eipt				
-	Mailing Address 824 Stonewall Ridge				1 [м м 11	/	15	/ Y	y y 2012	Y	
	City Austin	State TX	Zip Code 78746						SA11AI			
	FEC ID number of contributing		10140	-		mount	of E	ach R	eceipt th	iis Perioo	1	
	federal political committee.	С			Ľ			p	1	10	0.00	
		Occupation			1							
	Harden Healthcare Receipt For:	Chief Finan			-							
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		21	00.00								
s	UBTOTAL of Receipts This Page (optional)			····· ►					- 7	225	5.00	
т	OTAL This Period (last page this line number o	only)		►								

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 16 OF

52

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and Stater or for commercial purposes, other than using the name		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PA	AC	
Kansas City FEC ID number of contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contring federal political committee. <	State Zip Code MO 67131 C Compation rector ggregate Year-to-Date ▼ 1000.00	Date of Receipt
Kansas City FEC ID number of contributing federal political committee. Name of Employer October (Contributing federal political committee) Receipt For: Age Primary General	State Zip Code MO 67131 C Coupation rector ggregate Year-to-Date ▼	Date of Receipt
Kansas City FEC ID number of contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political committee. Name of Employer October of Contributing federal political political politic	1050.00 State Zip Code MO 67131 C ccupation rector ggregate Year-to-Date ▼ 1100.00	Date of Receipt 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).....

- J

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 17 OF

52

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Patricia A (Tricia) Fox Mailing Address PO Box 190 City Florence FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76527 C C Occupation Vice President, Rehab Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial) Patricia A (Tricia) Fox Mailing Address PO Box 190 City Florence FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76527 C Occupation Vice President, Rehab Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1050.00	Date of Receipt
Full Name (Last, First, Middle Initial) Lori Don McNamee Gregory Mailing Address 555 E 5th St Apt 2819 City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78703 C Occupation Occupation C Chief Compliance Officer Aggregate Year-to-Date ▼ 500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		125.00

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

10

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 18 OF

52

	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC	
Full Name (Last, First, Middle Initial) Lori Don McNamee Gregory Mailing Address 555 E 5th St Apt 2819 City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78703 C Occupation Occupation C Chief Compliance Officer Aggregate Year-to-Date ▼ 525.00 525.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Elaine Hall Mailing Address 6480 County Road 321 City Blanket FEC ID number of contributing federal political committee. Name of Employer Lighthouse Hospice Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76432 C Occupation Administrator Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) Elaine Hall Mailing Address 6480 County Road 321 City Blanket FEC ID number of contributing federal political committee. Name of Employer Lighthouse Hospice Receipt For: Primary General Other (specify) ▼	State TX Zip Code 76432 C Occupation Administrator Adgregate Year-to-Date ▼ 525.00 525.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		75.00

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

FOR LINE NUMBER:

(check only one)

PAGE 19 OF

52

TEMIZED RECEIPTS		Detailed Summary Page	< 11a 13		11b 14	11c	12	г	17
Any information copied from such Reports a or for commercial purposes, other than using			for the		oose o	f soliciting	g contri	ibutic	ons
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fed	eral PAC								
Full Name (Last, First, Middle Initial) Elaine Hall Mailing Address 6480 County Road 321 City Blanket FEC ID number of contributing federal political committee. Name of Employer Lighthouse Hospice Receipt For: Primary General Other (specify) ▼	State TX C Occupation Administrate Aggregate			sacti	21 on ID		his Peri	2	0
Full Name (Last, First, Middle Initial) Benjamin Hanson Mailing Address 2211 Sunny Slope Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼		Zip Code 78703 sident & General Counsel Year-to-Date ▼ 4000.00		sacti	31 on ID :	SA11AI. Receipt th	his Peri	2	0
Full Name (Last, First, Middle Initial) Benjamin Hanson Mailing Address 2211 Sunny Slope Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼		Zip Code 78703 sident & General Counsel Year-to-Date ▼ 4200.00		sacti	15 ion ID		his Peri	2	
SUBTOTAL of Receipts This Page (optional	l)				7		4	25.0	0

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

SCHEDULE A	(FEC For	'm 3X)
ITEMIZED REC	EIPTS	

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

FOR LINE NUMBER:

11b

(check only one)

X 11a

PAGE 20 OF

52

		Detailed Summary Page	11a		11b 14	11c	-	12 16		17
Any information copied from such Reports and or for commercial purposes, other than using			for the	purp	ose of	soliciting		ntribut	ions	17
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede			 							
Full Name (Last, First, Middle Initial) Eric J Hansum Mailing Address 3005 Chatelaine Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify)	State TX C Occupation Legal Aggregate	Zip Code 78746 Year-to-Date ▼ 1000.00		/ actio	31 on ID :	7 Y SA11AI. leceipt th	20 . 145	-]
Full Name (Last, First, Middle Initial) B. Eric J Hansum Mailing Address 3005 Chatelaine Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State TX C Occupation Legal Aggregate	Zip Code 78746 Year-to-Date ▼ 1050.00		/ actic	15	/ Y SA11AI. leceipt th	20 148		00]
Full Name (Last, First, Middle Initial) Robin J Hayes Mailing Address 6112 Jumano Ln City Austin FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼		Zip Code 78749 ent, Professional Services Year-to-Date ▼ 1000.00		/ sactio	31 on ID :	/ Y SA11AI. Receipt th	20 . 145	Period	Y .00]
SUBTOTAL of Receipts This Page (optional)					,	5	-	150.	00]

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

. .

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 21 OF

52

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and s or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC		
Full Name (Last, First, Middle Initial) Robin J Hayes Mailing Address 6112 Jumano Ln City Austin FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼		Zip Code 78749 Nent, Professional Services Year-to-Date ▼ 1050.00	Date of Receipt
Full Name (Last, First, Middle Initial) Tina Hilmas Mailing Address 494 Countryside Dr City Rolla FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State MO C Occupation Director of 1 Aggregate		Date of Receipt 10 24 2012 Transaction ID : SA11AI.14437 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Tina Hilmas Mailing Address 494 Countryside Dr City Rolla FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State MO C Occupation Director of Aggregate		Date of Receipt
SUBTOTAL of Receipts This Page (optional)		•	100.00

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

. . .

SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	5

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

FOR LINE NUMBER:

11b

(check only one)

X 11a

PAGE 22 OF

52

		Detailed Summary Page	11a 13		11b 14	11c		12 16	<u> </u>	17
Any information copied from such Reports an or for commercial purposes, other than using			for the	purp	ose of	soliciting		ntribut	ions	17
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	eral PAC									
✓ Full Name (Last, First, Middle Initial) A. Tina Hilmas Mailing Address 494 Countryside Dr City Rolla FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify)	State MO C Occupation Director of Aggregate	Nursing Year-to-Date ▼ 600.00		/ actio	21	/ Y SA11AI. eccipt th	20 1 49]
Full Name (Last, First, Middle Initial) B. Chelsea M Holden Mailing Address 4000 Dunning Ln City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼		Zip Code 78746 t Relations Liaison Year-to-Date ▼ 500.00		/ actic	31	/ Y SA11AL receipt th	20 145 ′		Y 00]
Full Name (Last, First, Middle Initial) Chelsea M Holden Mailing Address 4000 Dunning Ln City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼		Zip Code 78746 It Relations Liaison Year-to-Date ▼ 525.00		/ sactio	15 on ID :	/ Y SA11AI. eccipt th	20 . 148]
SUBTOTAL of Receipts This Page (optional))				,		-	75.	00]

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

.

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

11b

(check only one)

X 11a

PAGE 23 OF

52

		Detailed Summary Page		X 11a		11b 14	11c	_	12 16	1	7
Any information copied from such Reports and or for commercial purposes, other than using t				for the		oose of	soliciting		ntributi	ions	<u>, </u>
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	al PAC										
Full Name (Last, First, Middle Initial) Maxzine Holliday Mailing Address 6116 Sulfur Spring Dr City Killeen FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State TX C Occupation Director of Aggregate				/ sacti	22 on ID :		20 . 143		_]
Full Name (Last, First, Middle Initial) Maxzine Holliday Mailing Address 6116 Sulfur Spring Dr City Killeen FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State TX C Occupation Director of I Aggregate				/ acti	07 07		20 146 4		00]
Full Name (Last, First, Middle Initial) Maxzine Holliday Mailing Address 6116 Sulfur Spring Dr City Killeen FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State TX C Occupation Director of Aggregate				/ sacti	21 on ID :		20 . 149		00]
SUBTOTAL of Receipts This Page (optional).			<u> </u>			,	- 7	-	120.(00]

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

.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 24 OF

52

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using t	erson for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	al PAC		
Full Name (Last, First, Middle Initial) A. Kelly Ann Jalowiec Mailing Address 1410 W Fillmore St City Chicago FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼		Zip Code 60607 ent, Operations Year-to-Date ▼ 1500.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Kelly Ann Jalowiec Mailing Address 1410 W Fillmore St City Chicago FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼		Zip Code 60607 ent, Operations Year-to-Date ▼ 1575.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Lakishia Lanette Jawdjee Mailing Address 5735 Tiger Lilly Way City Houston FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State TX C Occupation Regional D Aggregate		Date of Receipt
SUBTOTAL of Receipts This Page (optional)			175.00

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

10

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 25 OF

52

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Lakishia Lanette Jawdjee Mailing Address 5735 Tiger Lilly Way City Houston FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify)	State Zip Code TX 77085 C Occupation Occupation Regional Director Aggregate Year-to-Date ▼ 525.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Brenda Kaden Mailing Address 13601 County Road 7160		Date of Receipt
City Rolla FEC ID number of contributing federal political committee.	State Zip Code MO 65401	Transaction ID : SA11AI.14439 Amount of Each Receipt this Period 25.00
Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	Occupation Regional Director Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) C. Brenda Kaden Mailing Address 13601 County Road 7160		Date of Receipt
City Rolla FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State Zip Code MO 65401 C Occupation Occupation Regional Director Aggregate Year-to-Date ▼ 575.00	Mmm / D / 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)......

10

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 26 OF

52

TENIZED RECEIPTS for each category of the Detailed Summary Page			×	11a 13		11b 14	11c	12	17
Any information copied from such Reports and S or for commercial purposes, other than using the		or the		pose o	f soliciting	g contrib	utions		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	I PAC								
Full Name (Last, First, Middle Initial) Brenda Kaden Mailing Address 13601 County Road 7160 City Rolla FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify)	State Zip MO 654 C Occupation Regional Director Aggregate Year-to-I				/ sact	21		nis Perioo	_
Full Name (Last, First, Middle Initial) Diane Kenyon Mailing Address 285 E Summit Dr City Wimberley FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)	State Zip TX 786 C Occupation Senior Vice Presider Aggregate Year-to-I	ıt, IT			/ acti	31		nis Perioo	d 5.00
Full Name (Last, First, Middle Initial) Diane Kenyon Mailing Address 285 E Summit Dr City Wimberley FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)	State Zip TX 786 C Occupation Senior Vice Presiden Aggregate Year-to-I	nt, IT			/ sact	15 ion ID		nis Perioo	_
SUBTOTAL of Receipts This Page (optional))				,	7	275	5.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 27 OF

52

	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and St or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Beverly Ann Kolb Mailing Address RT 2 Box 179 City Bronson FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State Zip Code TX 75930 C Occupation Branch Director Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 210.00	Date of Receipt
Full Name (Last, First, Middle Initial) Kimberly A Layton Mailing Address 9513 Prescott Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78749 C C Occupation Occupation President, Leadership Development Inst Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 2000.00	Date of Receipt
Full Name (Last, First, Middle Initial) Kimberly A Layton Mailing Address 9513 Prescott Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78749 C Occupation President, Leadership Development Inst Aggregate Year-to-Date ▼ 2100.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		210.00

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

10

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 28 OF

52

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal F	PAC	
Girling Community Care	State Zip Code TX 78619 C Decupation General Manager Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. George Ledbetter Mailing Address 1620 Elder Hill Rd		Date of Receipt
City Driftwood FEC ID number of contributing federal political committee.	State Zip Code TX 78619	11 15 2012 Transaction ID : SA11AI.14829 Amount of Each Receipt this Period 50.00
Girling Community Care	General Manager Aggregate Year-to-Date ▼ 1050.00	
Full Name (Last, First, Middle Initial) C. Deanna Faye Lewis Mailing Address 1645 BENBOW RD		Date of Receipt
City INEZ FEC ID number of contributing federal political committee. Name of Employer Girling Home Health	State Zip Code TX 77968 C C Decupation C Regional Vice President Aggregate Year-to-Date ▼ 300.00 300.00	M M J
SUBTOTAL of Receipts This Page (optional)	•	115.00

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

а.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 29 OF

52

ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the n		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal I		
Girling Home Health	State Zip Code TX 77968 C Occupation Regional Vice President Aggregate Year-to-Date ▼ 315.00	Date of Receipt
Windcrest Nursing and Rehab	State Zip Code TX 78624 C Occupation Administrator Aggregate Year-to-Date ▼ 300.00 300.00	Date of Receipt
Windcrest Nursing and Rehab	State Zip Code TX 78624 C Occupation Administrator Aggregate Year-to-Date ▼ 310.00 310.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		35.00

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

10

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 30 OF

52

TEMIZED RECEIPTS		Detailed Summary Page		-		11b	11c	12		<u> </u>	
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a									ibutio		_
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder										<u>.</u>	
Full Name (Last, First, Middle Initial) A. Debra Lietz				Date of	f Re	ceipt					
Mailing Address 210 W Windcrest St	State	Zip Code		1 <u>1</u>		21		2012	2	Ŷ	
Frederickburg	TX	78624					SA11AI . Receipt th				_
FEC ID number of contributing federal political committee.	С					,			10.0)0	
Name of Employer	Occupation	1									
Windcrest Nursing and Rehab	Administrat	or									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00									
Full Name (Last, First, Middle Initial)											
B. William Thomas Linder Jr.			_	Date of	f Re	ceipt					
Mailing Address 1703 W 5th St	State	Zip Code		10	/	31		2012	2	Y	
Austin	TX	78703	-				SA11AI. Receipt th		iod		-
FEC ID number of contributing federal political committee.	С					,	, teceipt ti		50.0)0	
Name of Employer Girling Home Health	Occupation	n ent, Home Health Sales									
Receipt For:		,	-								
Primary General	Aggregate	Year-to-Date ▼									
Other (specify)		500.00									
Full Name (Last, First, Middle Initial) C. William Thomas Linder Jr.				Date of	f Re	ceipt					
Mailing Address 1703 W 5th St				M M 11	/	D 15		y 2012		Ý	
City Austin	State TX	Zip Code 78703					: SA11AI				
FEC ID number of contributing federal political committee.	C			Amount	t of	Each F	Receipt th	nis Peri	iod 50.0	00	
	Occuration))				
Name of Employer	Occupation										
Girling Home Health Receipt For:		lent, Home Health Sales									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00									
SUBTOTAL of Receipts This Page (optional).			 			7		1	10.0	0	

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

.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 31 OF

52

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PA	AC	
Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Dirr	State Zip Code TX 78749 C C C C C C C C C C C C C C C C C C C	Date of Receipt
Austin T FEC ID number of contributing federal political committee. Image: Committee for the second	State Zip Code TX 78749 C C C C C C C C C C C C C C C C C C C	Date of Receipt
Beaumont FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Coc	State Zip Code TX 77708 C coupation ministrator ggregate Year-to-Date ▼ 300.00	Date of Receipt 10 31 2012 Transaction ID : SA11AI.14537 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)	▶	130.00

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

10

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 32 OF

52

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal		
Full Name (Last, First, Middle Initial) Polly A Matlock Mailing Address 7225 Eastex Fwy City Beaumont FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Code TX 77708 C Occupation Administrator Aggregate Year-to-Date ▼ 330.00 330.00	Date of Receipt
Full Name (Last, First, Middle Initial) Deborah Morgan Mailing Address 5404 Agatha Cir City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78724 C Occupation PMO Director Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial) Deborah Morgan Mailing Address 5404 Agatha Cir City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78724 C C Occupation PMO Director Aggregate Year-to-Date ▼ 285.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		70.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 33 OF

52

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using				or the	purpose	of soliciting	g contribu	itions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	ral PAC							
Full Name (Last, First, Middle Initial) Victoria Palm Mailing Address 3507 Abrazo City San Antonio FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼		Zip Code 78247 ce President Year-to-Date ▼ 475.00		M M 10 Trans	saction I		nis Period	
Full Name (Last, First, Middle Initial) Victoria Palm Mailing Address 3507 Abrazo City San Antonio FEC ID number of contributing federal political committee.	State TX C	Zip Code 78247		M M 11 Trans	action II	t 07 / Y D : SA11AI. h Receipt th	nis Period	ý 1 5.00
Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify)		ce President Year-to-Date ▼ 500.00]					
Full Name (Last, First, Middle Initial) C. Victoria Palm				Date o	f Receip	t		
Mailing Address 3507 Abrazo City San Antonio FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼		Zip Code 78247 ice President Year-to-Date ▼ 525.00			saction I	D / Y D : SA11AI h Receipt th	nis Period	
SUBTOTAL of Receipts This Page (optional)	·····				- 7	7	75	.00

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

7 7 7 7

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 34 OF

52

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) William B Parrish Mailing Address 3200 Wild Canyon Loop City Austin FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78732 C Occupation Vice President, Finance Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 10 31 2012 Transaction ID : SA11AI.14550 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) William B Parrish Mailing Address 3200 Wild Canyon Loop City Austin FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78732 C Occupation Occupation Vice President, Finance Aggregate Year-to-Date ▼ 1050.00	Date of Receipt
Full Name (Last, First, Middle Initial) Mark Pinckard Mailing Address 2913 Richfield Landing City Pflugerville FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State TX Zip Code 78660 C C Occupation C Financial Analyst Aggregate Year-to-Date ▼ Aggregate Year-to-Date √ 356.00	Date of Receipt 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)......

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 35 OF

52

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	
Any information copied from such Reports and or for commercial purposes, other than using th		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa		
Full Name (Last, First, Middle Initial) Mark Pinckard Mailing Address 2913 Richfield Landing City Pflugerville FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78660 C Occupation Financial Analyst Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 357.00	Date of Receipt
Full Name (Last, First, Middle Initial) Robin A Polk Mailing Address 201 County Road 326a City Rosebud FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76570 C Occupation Regional Manager, Compliance Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) Robin A Polk Mailing Address 201 County Road 326a City Rosebud FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State TX Zip Code 76570 C Occupation Regional Manager, Compliance Aggregate Year-to-Date ▼ 525.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		51.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 36 OF

52

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and s or for commercial purposes, other than using th		13 14 15 16 17 person for the purpose of soliciting contributions ae to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa		
Full Name (Last, First, Middle Initial) A. Shanni F Ponce Mailing Address 2818 Fountain Grove Cv City Round Rock FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78665 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 800.00 300.00	Date of Receipt
Full Name (Last, First, Middle Initial) Jeanette Reinert Mailing Address 3110 Cimmaron Rd City Weatherford FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76087 C Occupation Regional Manager Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) Jeanette Reinert Mailing Address 3110 Cimmaron Rd City Weatherford FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76087 C Occupation Regional Manager Aggregate Year-to-Date ▼ 525.00 525.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 90.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 37 OF

52

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and St or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Lisa Roundtree Mailing Address 408 Beauty Ln City Whitesboro FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76273 C Occupation Occupational Therapist Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) Lisa Roundtree Mailing Address 408 Beauty Ln City Whitesboro FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76273 C Occupation Occupational Therapist Aggregate Year-to-Date ▼ 525.00	Date of Receipt
Full Name (Last, First, Middle Initial) Lisa Roundtree Mailing Address 408 Beauty Ln City Whitesboro FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76273 C Occupation Occupational Therapist Aggregate Year-to-Date ▼ 550.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 75.00

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

.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 38 OF

52

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa		
Full Name (Last, First, Middle Initial) A. Chris Roussos Mailing Address 1611 W 5th St City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78713 C Occupation Occupation Chief Financial Officer Aggregate Year-to-Date ▼ 400.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Chris Roussos Mailing Address 1611 W 5th St City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78713 C Occupation Occupation Chief Financial Officer Aggregate Year-to-Date ▼ 420.00	Date of Receipt
Full Name (Last, First, Middle Initial) Kelly Rowe Mailing Address 1284 County Road 282 City Bertram FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78605 C Occupation Sr. Network Administrator Aggregate Year-to-Date ▼ 500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		65.00

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

10

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 39 OF

52

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a		11b 14	11c	12		17	
Any information copied from such Reports and or for commercial purposes, other than using th			or the		pose o	of soliciting	g contri	ibutio	ons
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	al PAC								
Full Name (Last, First, Middle Initial) Kelly Rowe Mailing Address 1284 County Road 282 City Bertram FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼		Zip Code 78605 Administrator Year-to-Date ▼ 525.00		sact	15 ion ID			2	ý 00
Full Name (Last, First, Middle Initial) B. Mark E Seale Mailing Address 5614 Clay Ave City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	1	Zip Code 78756 ent, Network Services Year-to-Date ▼ 210.00		sacti	15 ion ID			2	00
Full Name (Last, First, Middle Initial) Rebecca Shropshire Mailing Address 722 Craig St City Hillboro FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State TX C Occupation Administrat Aggregate			sact	22 tion ID			2	00
SUBTOTAL of Receipts This Page (optional)					7			75.0	0

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

. . .

.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 40 OF

52

		for each category of the Detailed Summary Page		< 11a 13		11b 14	11c		12 16	1 -	7
Any information copied from such Reports and S or for commercial purposes, other than using the				for the		pose o	f solicitin		ntributi	ons	
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	I PAC										
Full Name (Last, First, Middle Initial) Rebecca Shropshire Mailing Address 722 Craig St City Hillboro FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State TX C Occupation Administrate Aggregate		_		sact	07 ion ID		20 . 147 1		Y DO]
Full Name (Last, First, Middle Initial) Rebecca Shropshire Mailing Address 722 Craig St City Hillboro FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State TX C Occupation Administrato Aggregate		_		sacti	21		20 .1501		00]
Full Name (Last, First, Middle Initial) Toni M Silguero Mailing Address 3804 Middle Earth Trl City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)	State TX C Occupation Controller Aggregate	Zip Code 78739 Year-to-Date ▼ 500.00	_		sact	31 ion ID		20 1.145		00]
SUBTOTAL of Receipts This Page (optional)			▶ ▶		-	<u>,</u>	1 1	-	105.0	0	1

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 41 OF

52

ITEMIZED RECEIPTS	for each category of Detailed Summary P	
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	I PAC	
Full Name (Last, First, Middle Initial) Toni M Silguero Mailing Address 3804 Middle Earth Trl City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)	State Zip Code TX 78739 C Occupation Occupation Controller Aggregate Year-to-Date ▼ 52	Date of Receipt Date of Receipt 11 15 2012 Transaction ID : SA11AI.14868 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) B. Juli Simmang Mailing Address 991 Oak Rdg City Shertz FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78154 C Occupation Director of Clinical Services Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 10 22 2012 Transaction ID : SA11AI.14411 Amount of Each Receipt this Period 50.00 00.00
Full Name (Last, First, Middle Initial) Juli Simmang Mailing Address 991 Oak Rdg City Shertz FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify)	State Zip Code TX 78154 C Occupation Director of Clinical Services Aggregate Year-to-Date ▼ 105	Date of Receipt Date of Receipt 11 07 2012 Transaction ID : SA11AI.14713 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)		

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

.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 42 OF

52

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	al PAC		
Full Name (Last, First, Middle Initial) A. Juli Simmang Mailing Address 991 Oak Rdg City Shertz FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	1	Zip Code 78154 linical Services /ear-to-Date ▼ 1100.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Robert E Steel Mailing Address 5315 Magdelena Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify)	State TX C Occupation Finance Aggregate Y	Zip Code 78735 'ear-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Robert E Steel Mailing Address 5315 Magdelena Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify)	State TX C Occupation Finance Aggregate Y	Zip Code 78735 //ear-to-Date ▼ 525.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional).			100.00

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

10

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 43 OF

52

		Detailed Summary Page		< 11a 13		11b 14	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than usin	nd Statements ma g the name and a	ay not be sold or used by any p ddress of any political committee	erson e to s	for the	purp	pose o	of solicitin	g contribu	utions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fed	eral PAC								
Full Name (Last, First, Middle Initial) Kenneth Stribling Mailing Address 2419 Edgecliff Path				Date o	of Re	eceipt		2012	Y
City Georgetown	State TX	Zip Code 78626		Trans		ion ID	: SA11AI		t t
FEC ID number of contributing federal political committee.	С					,	7	2	5.00
Name of Employer TRISUN Healthcare Receipt For:	Occupation Administrat	or							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 764.00]						
Full Name (Last, First, Middle Initial) B. Kenneth Stribling				Date o	of Re	ceipt			
Mailing Address 2419 Edgecliff Path	State	Zip Code		11 Tron		07		2012	Y
Georgetown	TX	78626					: SA11AI	his Period	4
FEC ID number of contributing federal political committee.	С					1	,		5.00
Name of Employer TRISUN Healthcare	Occupation Administrate								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 789.00]						
Full Name (Last, First, Middle Initial) C. Kenneth Stribling				Date o	of Re	ceipt			
Mailing Address 2419 Edgecliff Path				M N	/	D 2'		2012	Y
City Georgetown	State TX	Zip Code 78626					: SA11AI Receipt tl	l.15016 his Perioc	k
FEC ID number of contributing federal political committee.	С					,		2	5.00
Name of Employer	Occupation								
TRISUN Healthcare	Administrat	or							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 814.00]						
SUBTOTAL of Receipts This Page (optiona	ı)		▶ _			5		75	5.00

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

.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 44 OF

52

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	person for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal		
Full Name (Last, First, Middle Initial) A. Nancy A Taylor Mailing Address 3208 Main Cir W City Clifton FEC ID number of contributing federal political committee. Name of Employer Voyager Hospice	State Zip Code CO 81520 C Occupation Clinical Manager	Date of Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00]
Full Name (Last, First, Middle Initial) B. Nancy A Taylor Mailing Address 3208 Main Cir W City	State Zip Code	Date of Receipt
Clifton FEC ID number of contributing federal political committee. Name of Employer Voyager Hospice	CO 81520 C Occupation Clinical Manager	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00]
Full Name (Last, First, Middle Initial) Charlene Turner Mailing Address 2101 Birdie Ct		Date of Receipt
City San Angelo FEC ID number of contributing	State Zip Code TX 76904	Transaction ID : SA11AI.14420 Amount of Each Receipt this Period
federal political committee. Name of Employer TRISUN Healthcare	Occupation Administrator, Regency House	25.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)		75.00

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

.

.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 45 OF

52

ITEMIZED RECEIPTS for each category of the Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
Paggint For:	Zip Code 76904 tion trator, Regency House ate Year-to-Date ▼ 475.00	Date of Receipt
Poppint For:	Zip Code 76904 tion trator, Regency House ate Year-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y Y 11 21 2012 Transaction ID : SA11AI.15023 Amount of Each Receipt this Period 25.00
Boogint For:	Zip Code 54017 tion esident, Quality & Compliance ate Year-to-Date ▼ 500.00	Date of Receipt 10 31 2012 Transaction ID : SA11AI.14576 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)......

10

7 7 7 7

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 46 OF

52

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Julie Vandre Mailing Address 629 Park Ave City New Richmond FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State WI Zip Code 54017 C C Occupation Compliance Vice President, Quality & Compliance Aggregate Year-to-Date ▼ 525.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Ronda Van Meter Mailing Address 253 LCR 405 City Mexia FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76667 C C Occupation C Regional Vice President Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial) Ronda Van Meter Mailing Address 253 LCR 405 City Mexia FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State TX Zip Code 76667 C C Occupation Regional Vice President C Aggregate Year-to-Date ▼ 1050.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		125.00

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

.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 47 OF

52

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	I PAC		
Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt Mailing Address 4506 Grand Cypress Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	•	Zip Code 78747 ce President Year-to-Date ▼ 1100.00	Date of Receipt 10 31 2012 Transaction ID : SA11AI.14578 Amount of Each Receipt this Period 55.00
Full Name (Last, First, Middle Initial) B. Jennifer Lynn Vogt Mailing Address 4506 Grand Cypress Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	U U	Zip Code 78747 ce President Year-to-Date ▼ 1155.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Saundra Kay Walters Mailing Address 2900 Lake Jackson Rd PO BOX 647 City Mounds FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼		Zip Code 74047 Nursing, OK Year-to-Date ▼ 210.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			120.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 48 OF

52

TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and a or for commercial purposes, other than using th		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC	
Full Name (Last, First, Middle Initial) Iris B Williams Mailing Address 3733 Locke Ln City Corpus Christi FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78415 C Occupation Director of Operations Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial) Iris B Williams Mailing Address 3733 Locke Ln City Corpus Christi FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78415 C Occupation Director of Operations Aggregate Year-to-Date ▼ 1050.00	Date of Receipt
Full Name (Last, First, Middle Initial) Iris B Williams Mailing Address 3733 Locke Ln City Corpus Christi FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78415 C Occupation Director of Operations Aggregate Year-to-Date ▼ 1100.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		150.00

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

10

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 49 OF

52

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	I PAC									
Α.	Full Name (Last, First, Middle Initial) Thomas Lloyd Wilson Mailing Address 1703 W 5th St Ste 700	Date of Receipt									
	City Austin	State TX	Zip Code 78703	10 31 2012 Transaction ID : SA11AI.14580							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
	Name of Employer Harden Healthcare Receipt For:		ent, Public Affairs Year-to-Date ▼	_							
	Primary General Other (specify) ▼		800.00								
В.	Full Name (Last, First, Middle Initial) Thomas Lloyd Wilson Mailing Address 1703 W 5th St Ste 700	Date of Receipt									
	City	State	Zip Code	11 15 2012 Transaction ID : SA11AI.14881							
	Austin FEC ID number of contributing federal political committee.	С	78703	Amount of Each Receipt this Period							
	Name of Employer Harden Healthcare Receipt For:		ent, Public Affairs	_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00								
c.				Date of Receipt							
	Mailing Address 1703 W 5th St Ste 700	State	Zip Code	10 31 2012 Transaction ID : SA11AI.14582							
	Austin	ТХ	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		50.00							
	Name of Employer	Occupation Senior Vice									
	Harden Healthcare Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 620.00								
s	UBTOTAL of Receipts This Page (optional)		•	130.00							

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 50 OF

52

TEMIZED RECEIPTS		Detailed Summary Page		X 11a		11b	11c	12				
Any information copied from such Reports and or for commercial purposes, other than using t												
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	ral PAC											
Full Name (Last, First, Middle Initial) Troy Adam Yarborough Mailing Address 1703 W 5th St Ste 700 City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Other (specify) ▼	State TX C Occupation Senior Vice Aggregate		Date of Receipt									
Full Name (Last, First, Middle Initial) Mailing Address	01-11-	Zie Oode		Date of Receipt								
City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State C Occupation Aggregate	Zip Code	Amount of Each Receipt this Period									
Full Name (Last, First, Middle Initial) Mailing Address City		Date of Receipt										
FEC ID number of contributing federal political committee. Name of Employer Receipt For:		Zip Code]	Amou	int o	f Each	Receipt tl	his Perioc				
SUBTOTAL of Receipts This Page (optional).			<u> </u>			7	7	50).00			

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

.

5

6127.00

SCHE	DULE E	3 (F	EC For	m 3X)) (:OP							PA	GE 5	1 OF	52
ITEMIZED DISBURSEMENTS			-		Use se			OR LINE NUMBER: PAGE 5 Check only one)											
							h category of the d Summary Page			21b		22 28a		23 28b		24 28c		25 29	26 30b
							y not be sold or u ldress of any polit			y per		for the		pose (olicitin	g cont	ributic	ons
	IE OF COMI		, ,																
∕ Ha	rden Hea	althca	are LLC	Fede	ral PA	C													
Full	Name (Last,	First, M	Aiddle Initia	l)															
A. CC	DMMITTEE FOR CRAIG EILAND											Date c	_			_			
Maili	ng Address				10 18 2012														
City GAL	VESTON					tate TX	Zip Code 77550				Transaction ID : SB29.14270								
	ose of Disbuittical Contribu		nt									Amount of Each Disbursement this Period							
Cano	didate Name	•				Category/						1500.00							
Offic	e Sought:		House		ehureom	ent For:	2012	7	Гуре	e	-	<u> </u>		7		7			
Onic	e Sought.		Senate President			Primary	Conception Security) ▼												
State	e:	Distrie	ot:																
	Name (Last, n. Jane I			l)								Date c	of Di	sburse	eme	ent			
Maili	Mailing Address PO Box 608											11 07 2012							
	pevine					tate TX	Zip Code 76099					Tran	sact	ion ID) : S	B29.14	4278		
	ose of Disbuittical Contribu		it					011				Amount of Each Disbursement this Period							
Cano	Candidate Name							Category/ Type				1000.00							
	e Sought:		House Senate President	Di	F	ent For: Primary Other (sp	2012	1											
State	e: Name (Last,	Distric First M		D							+								
-	s. Connie			,								Date c	_	sburse		ent	Y	YY	
Maili	ng Address	5548 C	ounty Rd 81	1								10		2	6	L	201	2	
City Robs	stown					tate TX	Zip Code 78380					Tran	sact	ion ID) : S	B29.14	4273		
	ose of Disbu		nt						011										
	Candidate Name						Cat	011 tego Fype	ory/	Amount of Each Disbursement this Period 500.00									
Offic	e Sought:		House Senate President	Di		ent For: Primary Other (sp	2012 General becify)			-				7		7	_		
Jiale		Distill										_	_	_			_	_	_
												Ļ	-	7		-7	3	8000.0	0
	Ihis Period	d (last p	age this lin	ne numbe	er only).					🕨		L		7	_				

S	CHEDULE B (FEC Form 3X)					IUMBEF	R:		PAGE 52 OF 52					
ITEMIZED DISBURSEMENTS		Use separate schedule(s for each category of the Detailed Summary Page) (c		c only 21b	22 23 24 25								
	y information copied from such Reports and Stater for commercial purposes, other than using the nan			any			e pur							
	NAME OF COMMITTEE (In Full)													
	Harden Healthcare LLC Federal PA	AC												
Δ.	Full Name (Last, First, Middle Initial) Hon. Sylvester Turner					Date	of Di	sburse	ement					
						M M / D D / Y Y Y Y								
	Mailing Address 440 Louisiana Ste 1880			11 08 2012										
	City S Houston	State Zip Code TX 77002				Transaction ID : SB29.14281								
	Purpose of Disbursement Political Contribution			11		Amou	nt of	Fach	Diebureo	mont this	Period			
	Candidate Name			egory	v/	Amou		Each	Disbuisei	ement this Period				
	Office Sought: House Disburser	ment For: 2012		ype		<u> </u>	-	7		125	60.00			
	Senate	Primary General												
	State: District:	Other (specify)												
_	Full Name (Last, First, Middle Initial)													
В.	Sen. John Whitmire			Date of Disbursement										
	Mailing Address 321 W Cowan					11 05 2012								
	City Store S	State Zip Code TX 77007		Trar	4275									
	Purpose of Disbursement Political Contribution)11		Amou	nt of	Fach	Diaburaa	mont this	Pariod			
	Candidate Name		y/	Amount of Each Disbursement this Period										
	Office Sought: House Disburser	ment For: 2012	ype		<u> </u>	-	7	7	200	00.00				
	Senate	Primary K General												
	State: District:	Other (specify)												
<u>с</u> .	Full Name (Last, First, Middle Initial)					Date	of Di	eburec	ment					
0.						M	_	D		Y Y	Y			
	Mailing Address													
	City	State Zip Code												
	Purpose of Disbursement			-										
	Candidate Name		y/	Amount of Each Disbursement this Period										
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		ype			-							
_	State: District:													
s	UBTOTAL of Disbursements This Page (optional)									325	0.00			
⊢						F	-	7		625	0.00			
ΓŤ	OTAL This Period (last page this line number only)))				1.00		7		020				