

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 CITY STATE ZIP CODE

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 07 / 01 / 2012 through 09 / 30 / 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 Lloyd Wilson

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

Table with Office Use Only, FEC FORM 3X, Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Harden Healthcare LLC Federal PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		57115.50
(b) Cash on Hand at Beginning of Reporting Period.....	45752.00	
(c) Total Receipts (from Line 19)	23451.00	71379.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	69203.00	128495.00
7. Total Disbursements (from Line 31).....	15175.00	74467.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	54028.00	54028.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Harden Healthcare LLC Federal PAC

Report Covering the Period: From: / / 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).....	17254.00	47583.00
(ii) Unitemized	6197.00	23796.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23451.00	71379.50
(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)	23451.00	71379.50
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))..... ▶	23451.00	71379.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23451.00	71379.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	5625.00	46865.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2.00
29. Other Disbursements	9550.00	26755.00
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)) ..	15175.00	74467.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15175.00	74467.00

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)	23451.00	71379.50
34. Total Contribution Refunds (from Line 28(d))	0.00	2.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23451.00	71377.50
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 131
<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

Full Name (Last, First, Middle Initial)
A. Jeanette A Bloch

Mailing Address 1211 S Ginkgo Ln

City Andover State KS Zip Code 67002

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

Name of Employer: Voyager Hospice Occupation: Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt: **07 / 06 / 2012**

Transaction ID : **SA11AI.11729**

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

Full Name (Last, First, Middle Initial)
B. Jeanette A Bloch

Mailing Address 1211 S Ginkgo Ln

City Andover State KS Zip Code 67002

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

Name of Employer: Voyager Hospice Occupation: Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt: **07 / 20 / 2012**

Transaction ID : **SA11AI.12045**

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

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

Mailing Address 1211 S Ginkgo Ln

City Andover State KS Zip Code 67002

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

Name of Employer: Voyager Hospice Occupation: Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt: **08 / 07 / 2012**

Transaction ID : **SA11AI.12372**

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 7 OF 131
<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. Jeanette A Bloch

Mailing Address 1211 S Ginkgo Ln

City Andover State KS Zip Code 67002

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

Name of Employer: Voyager Hospice Occupation: Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **08 / 22 / 2012**

Transaction ID : **SA11AI.12707**

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

Full Name (Last, First, Middle Initial)
B. Jeanette A Bloch

Mailing Address 1211 S Ginkgo Ln

City Andover State KS Zip Code 67002

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

Name of Employer: Voyager Hospice Occupation: Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt: **09 / 07 / 2012**

Transaction ID : **SA11AI.13148**

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

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

Mailing Address 1211 S Ginkgo Ln

City Andover State KS Zip Code 67002

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

Name of Employer: Voyager Hospice Occupation: Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt: **09 / 21 / 2012**

Transaction ID : **SA11AI.13599**

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 8 OF 131
<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. Brianna B Braden		Date of Receipt
Mailing Address 18821 Gold Dust Pass		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City Pflugerville State TX Zip Code 78660		Transaction ID : SA11AI.11906
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer: Harden Healthcare Services Occupation: Senior Vice President, Human Resources		<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="1300.00"/>	

Full Name (Last, First, Middle Initial) B. Brianna B Braden		Date of Receipt
Mailing Address 18821 Gold Dust Pass		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City Pflugerville State TX Zip Code 78660		Transaction ID : SA11AI.12236
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer: Harden Healthcare Services Occupation: Senior Vice President, Human Resources		<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="1400.00"/>	

Full Name (Last, First, Middle Initial) C. Brianna B Braden		Date of Receipt
Mailing Address 18821 Gold Dust Pass		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Pflugerville State TX Zip Code 78660		Transaction ID : SA11AI.12609
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer: Harden Healthcare Services Occupation: Senior Vice President, Human Resources		<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="1500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 131
<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. 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 ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11AI.12877

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 ▼
1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.13326

Amount of Each Receipt this Period
100.00

C. 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 ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.13807

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 10 OF 131
(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. Wendi Bray

Mailing Address 15705 Edenderry Dr

City State Zip Code
Austin TX 78717

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : SA11AI.11907

Amount of Each Receipt this Period
100.00

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

Mailing Address 15705 Edenderry Dr

City State Zip Code
Austin TX 78717

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : SA11AI.12237

Amount of Each Receipt this Period
100.00

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

Mailing Address 15705 Edenderry Dr

City State Zip Code
Austin TX 78717

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2012
Transaction ID : SA11AI.12610

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 131
<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. Wendi Bray
Full Name (Last, First, Middle Initial)
Mailing Address 15705 Edenderry Dr
City Austin State TX Zip Code 78717
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Services Occupation Senior Vice President, Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
08 / 31 / 2012
Transaction ID : SA11AI.12878
Amount of Each Receipt this Period
100.00

B. Wendi Bray
Full Name (Last, First, Middle Initial)
Mailing Address 15705 Edenderry Dr
City Austin State TX Zip Code 78717
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Services Occupation Senior Vice President, Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1700.00

Date of Receipt
09 / 14 / 2012
Transaction ID : SA11AI.13327
Amount of Each Receipt this Period
100.00

C. Wendi Bray
Full Name (Last, First, Middle Initial)
Mailing Address 15705 Edenderry Dr
City Austin State TX Zip Code 78717
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Services Occupation Senior Vice President, Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
09 / 28 / 2012
Transaction ID : SA11AI.13808
Amount of Each Receipt this Period
100.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 131
(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. Richard W Breuss III
 Full Name (Last, First, Middle Initial)
 Mailing Address 6175 Colt Dr
 City State Zip Code
 West Des Moines IA 50131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Voyager Hospice Regional Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2012
Transaction ID : SA11AI.11736
 Amount of Each Receipt this Period
 50.00

B. Richard W Breuss III
 Full Name (Last, First, Middle Initial)
 Mailing Address 6175 Colt Dr
 City State Zip Code
 West Des Moines IA 50131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Voyager Hospice Regional Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2012
Transaction ID : SA11AI.12048
 Amount of Each Receipt this Period
 50.00

C. Richard W Breuss III
 Full Name (Last, First, Middle Initial)
 Mailing Address 6175 Colt Dr
 City State Zip Code
 West Des Moines IA 50131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Voyager Hospice Regional Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012
Transaction ID : SA11AI.12379
 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 13 OF 131
(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. Richard W Breuss III

Mailing Address 6175 Colt Dr

City State Zip Code
West Des Moines IA 50131

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

Name of Employer Occupation
Voyager Hospice Regional Vice President

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
 08 / 22 / 2012
Transaction ID : SA11AI.12714

Amount of Each Receipt this Period
50.00

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

Mailing Address 6175 Colt Dr

City State Zip Code
West Des Moines IA 50131

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

Name of Employer Occupation
Voyager Hospice Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : SA11AI.13155

Amount of Each Receipt this Period
50.00

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

Mailing Address 6175 Colt Dr

City State Zip Code
West Des Moines IA 50131

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

Name of Employer Occupation
Voyager Hospice Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : SA11AI.13606

Amount of Each Receipt this Period
50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 131
	<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. Timothy R Brittingham

Mailing Address 2807 S Gary Ave

City State Zip Code
Tulsa OK 74114

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

Name of Employer Occupation
Girling Community Care Regional Manager, Oklahoma

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2012
Transaction ID : SA11AI.11908

Amount of Each Receipt this Period
60.00

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

Mailing Address 2807 S Gary Ave

City State Zip Code
Tulsa OK 74114

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

Name of Employer Occupation
Girling Community Care Regional Manager, Oklahoma

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2012
Transaction ID : SA11AI.12221

Amount of Each Receipt this Period
60.00

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

Mailing Address 2807 S Gary Ave

City State Zip Code
Tulsa OK 74114

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

Name of Employer Occupation
Girling Community Care Regional Manager, Oklahoma

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2012
Transaction ID : SA11AI.12601

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional).....▶	180.00
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 131
<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. Timothy R Brittingham
Full Name (Last, First, Middle Initial)
Mailing Address 2807 S Gary Ave
City Tulsa State OK Zip Code 74114
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Community Care Occupation: Regional Manager, Oklahoma
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **960.00**

Date of Receipt: 08 / 28 / 2012
Transaction ID : SA11AI.12859
Amount of Each Receipt this Period: **60.00**

B. Timothy R Brittingham
Full Name (Last, First, Middle Initial)
Mailing Address 2807 S Gary Ave
City Tulsa State OK Zip Code 74114
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Community Care Occupation: Regional Manager, Oklahoma
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1020.00**

Date of Receipt: 09 / 13 / 2012
Transaction ID : SA11AI.13312
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
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 **1080.00**

Date of Receipt: 09 / 28 / 2012
Transaction ID : SA11AI.13753
Amount of Each Receipt this Period: **60.00**

SUBTOTAL of Receipts This Page (optional).....	180.00
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 16 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Stefanie L Cavanaugh		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 13 / 2012 Transaction ID : SA11AI.11912
Mailing Address 12512 Deer Falls Dr		Amount of Each Receipt this Period 200.00
City Austin State TX Zip Code 78729	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 2600.00
Name of Employer Harden Healthcare Services Occupation Finance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Stefanie L Cavanaugh		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2012 Transaction ID : SA11AI.12241
Mailing Address 12512 Deer Falls Dr		Amount of Each Receipt this Period 200.00
City Austin State TX Zip Code 78729	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 2800.00
Name of Employer Harden Healthcare Services Occupation Finance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Stefanie L Cavanaugh		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2012 Transaction ID : SA11AI.12613
Mailing Address 12512 Deer Falls Dr		Amount of Each Receipt this Period 200.00
City Austin State TX Zip Code 78729	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 3000.00
Name of Employer Harden Healthcare Services Occupation Finance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 17 OF 131
(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. Stefanie L Cavanaugh

Mailing Address 12512 Deer Falls Dr

City State Zip Code
 Austin TX 78729

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

Name of Employer Occupation
 Harden Healthcare Services Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3200.00

Date of Receipt
 08 / 31 / 2012
Transaction ID : SA11AI.12882

Amount of Each Receipt this Period
 200.00

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

Mailing Address 12512 Deer Falls Dr

City State Zip Code
 Austin TX 78729

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

Name of Employer Occupation
 Harden Healthcare Services Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3400.00

Date of Receipt
 09 / 14 / 2012
Transaction ID : SA11AI.13333

Amount of Each Receipt this Period
 200.00

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

Mailing Address 12512 Deer Falls Dr

City State Zip Code
 Austin TX 78729

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

Name of Employer Occupation
 Harden Healthcare Services Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3600.00

Date of Receipt
 09 / 28 / 2012
Transaction ID : SA11AI.13813

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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 131
	<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	<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. Cathi Coney

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 ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : SA11AI.11752

Amount of Each Receipt this Period

50.00

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

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 ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2012

Transaction ID : SA11AI.12109

Amount of Each Receipt this Period

50.00

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

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 ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2012

Transaction ID : SA11AI.12395

Amount of Each Receipt this Period

50.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 131
(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 ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2012
Transaction ID : SA11AI.12685

Amount of Each Receipt this Period
50.00

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 ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : SA11AI.13170

Amount of Each Receipt this Period
50.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : SA11AI.13620

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 20 OF 131
(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. Gloria R Crawford

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 Occupation
 Girling Community Care Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 07 / 13 / 2012
Transaction ID : SA11AI.11921

Amount of Each Receipt this Period
 30.00

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

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 Occupation
 Girling Community Care Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 07 / 31 / 2012
Transaction ID : SA11AI.12249

Amount of Each Receipt this Period
 30.00

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

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 Occupation
 Girling Community Care Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 08 / 15 / 2012
Transaction ID : SA11AI.12618

Amount of Each Receipt this Period
 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 131
	<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. 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 ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11AI.12889

Amount of Each Receipt this Period
30.00

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

Mailing Address 6013 Forest Shadow St

City San Antonio	State TX	Zip Code 78240
---------------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation Regional Director
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.13340

Amount of Each Receipt this Period
30.00

C. 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 ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.13820

Amount of Each Receipt this Period
30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 131
	<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. Lisa Lynn Cupps		Date of Receipt
Mailing Address 2450 County Road 253		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Comanche	TX	76442
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11923
Name of Employer	Occupation	Amount of Each Receipt this Period
Girling Community Care	Regional Director, West Texas	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="650.00"/>	

Full Name (Last, First, Middle Initial) B. Lisa Lynn Cupps		Date of Receipt
Mailing Address 2450 County Road 253		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Comanche	TX	76442
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.12251
Name of Employer	Occupation	Amount of Each Receipt this Period
Girling Community Care	Regional Director, West Texas	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="700.00"/>	

Full Name (Last, First, Middle Initial) C. Lisa Lynn Cupps		Date of Receipt
Mailing Address 2450 County Road 253		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Comanche	TX	76442
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.12620
Name of Employer	Occupation	Amount of Each Receipt this Period
Girling Community Care	Regional Director, West Texas	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.00"/>	

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: PAGE 23 OF 131
(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

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

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 ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11AI.12891

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)
B. Lisa Lynn Cupps

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 ▼ **850.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.13342

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)
C. Lisa Lynn Cupps

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 ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.13822

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 24 OF 131
	<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	<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

Mailing Address 4809 Sinclair Ave

City Austin State TX Zip Code 78756

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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2012

Transaction ID : SA11AI.11756

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Wendy L Day

Mailing Address 4809 Sinclair Ave

City Austin State TX Zip Code 78756

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 ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : SA11AI.12113

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Wendy L Day

Mailing Address 4809 Sinclair Ave

City Austin State TX Zip Code 78756

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 ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : SA11AI.12399

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 25 OF 131
<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

Full Name (Last, First, Middle Initial)
A. Wendy L Day

Mailing Address 4809 Sinclair Ave

City Austin	State TX	Zip Code 78756
----------------	-------------	-------------------

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 ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2012

Transaction ID : SA11Al.12731

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Wendy L Day

Mailing Address 4809 Sinclair Ave

City Austin	State TX	Zip Code 78756
----------------	-------------	-------------------

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 ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

Transaction ID : SA11Al.13174

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Wendy L Day

Mailing Address 4809 Sinclair Ave

City Austin	State TX	Zip Code 78756
----------------	-------------	-------------------

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 ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2012

Transaction ID : SA11Al.13624

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 26 OF 131
	<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	<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 MM / DD / YYYY 07 / 13 / 2012 Transaction ID : SA11AI.11927
Mailing Address 4701 Circle Oak Cv		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 Girling Community Care	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) B. James Wayne Douglas		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : SA11AI.12254
Mailing Address 4701 Circle Oak Cv		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 Girling Community Care	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) C. James Wayne Douglas		Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : SA11AI.12894
Mailing Address 4701 Circle Oak Cv		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 Girling Community Care	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 131
	<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. James Wayne Douglas
Full Name (Last, First, Middle Initial)

Mailing Address 4701 Circle Oak Cv

City Austin State TX Zip Code 78749

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

Name of Employer: Girling Community Care Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt: **09 / 14 / 2012**

Transaction ID : SA11AI.13345

Amount of Each Receipt this Period: **100.00**

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

Mailing Address 4701 Circle Oak Cv

City Austin State TX Zip Code 78749

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

Name of Employer: Girling Community Care Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1700.00**

Date of Receipt: **09 / 28 / 2012**

Transaction ID : SA11AI.13825

Amount of Each Receipt this Period: **100.00**

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

Mailing Address 799 W Bartlett Dr

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **975.00**

Date of Receipt: **07 / 13 / 2012**

Transaction ID : SA11AI.11929

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

SUBTOTAL of Receipts This Page (optional)..... **275.00**

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

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

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

FOR LINE NUMBER: PAGE 28 OF 131
(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 Duncan

Mailing Address 799 W Bartlett Dr

City State Zip Code
Buda TX 78610

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : SA11AI.12256

Amount of Each Receipt this Period
75.00

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

Mailing Address 799 W Bartlett Dr

City State Zip Code
Buda TX 78610

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2012
Transaction ID : SA11AI.12621

Amount of Each Receipt this Period
75.00

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

Mailing Address 799 W Bartlett Dr

City State Zip Code
Buda TX 78610

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.12896

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 131
	<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. Mark Duncan

Mailing Address 799 W Bartlett Dr

City	State	Zip Code
Buda	TX	78610

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.13347

Amount of Each Receipt this Period
 75.00

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

Mailing Address 799 W Bartlett Dr

City	State	Zip Code
Buda	TX	78610

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.13826

Amount of Each Receipt this Period
 75.00

Full Name (Last, First, Middle Initial)
C. Dianne B Edwards

Mailing Address 6600 Lands End Ct

City	State	Zip Code
Fort Worth	TX	76116

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

Name of Employer	Occupation
TRISUN Healthcare	Nurse Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : SA11AI.11931

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: (check only one)	PAGE 30 OF 131
<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 MM / DD / YYYY 07 / 31 / 2012 Transaction ID : SA11AI.12258
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 ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Dianne B Edwards		Date of Receipt MM / DD / YYYY 08 / 15 / 2012 Transaction ID : SA11AI.12623
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 ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Dianne B Edwards		Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : SA11AI.12898
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 ▼ 400.00	

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 31 OF 131
<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
Mailing Address 6600 Lands End Ct		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City State Zip Code Fort Worth TX 76116		Transaction ID : SA11AI.13349
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
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 ▼ <input type="text" value="425.00"/>	

Full Name (Last, First, Middle Initial) B. Dianne B Edwards		Date of Receipt
Mailing Address 6600 Lands End Ct		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Fort Worth TX 76116		Transaction ID : SA11AI.13828
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
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 ▼ <input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) C. Scott Ellyson		Date of Receipt
Mailing Address 824 Stonewall Ridge		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City State Zip Code Austin TX 78746		Transaction ID : SA11AI.11932
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Harden Healthcare	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1300.00"/>	

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: PAGE 32 OF 131
(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. Scott Ellyson

Mailing Address **824 Stonewall Ridge**

City State Zip Code
Austin TX 78746

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

Name of Employer Occupation
Harden Healthcare Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
07 / 31 / 2012

Transaction ID : SA11AI.12260

Amount of Each Receipt this Period
100.00

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

Mailing Address **824 Stonewall Ridge**

City State Zip Code
Austin TX 78746

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

Name of Employer Occupation
Harden Healthcare Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
08 / 15 / 2012

Transaction ID : SA11AI.12624

Amount of Each Receipt this Period
100.00

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

Mailing Address **824 Stonewall Ridge**

City State Zip Code
Austin TX 78746

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

Name of Employer Occupation
Harden Healthcare Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
08 / 31 / 2012

Transaction ID : SA11AI.12900

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 131
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 824 Stonewall Ridge

City Austin State TX Zip Code 78746

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

Name of Employer Harden Healthcare Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.13351

Amount of Each Receipt this Period
 100.00

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

Mailing Address 824 Stonewall Ridge

City Austin State TX Zip Code 78746

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

Name of Employer Harden Healthcare Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.13829

Amount of Each Receipt this Period
 100.00

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

Mailing Address 400 E Red Bridge Rd

City Kansas City State MO Zip Code 67131

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

Name of Employer Hospice Care of Kansas Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2012
Transaction ID : SA11AI.11764

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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

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

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

FOR LINE NUMBER: PAGE 34 OF 131
(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. Bradford W Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 E Red Bridge Rd
 City Kansas City State MO Zip Code 67131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospice Care of Kansas Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2012
Transaction ID : SA11AI.12054
 Amount of Each Receipt this Period
 50.00

B. Bradford W Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 E Red Bridge Rd
 City Kansas City State MO Zip Code 67131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospice Care of Kansas Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012
Transaction ID : SA11AI.12407
 Amount of Each Receipt this Period
 50.00

C. Bradford W Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 E Red Bridge Rd
 City Kansas City State MO Zip Code 67131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospice Care of Kansas Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2012
Transaction ID : SA11AI.12739
 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 35 OF 131
	<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	<input type="checkbox"/> 17

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

A. Bradford W Evans
Full Name (Last, First, Middle Initial)
Mailing Address 400 E Red Bridge Rd
City Kansas City State MO Zip Code 67131
FEC ID number of contributing federal political committee. **C**
Name of Employer Hospice Care of Kansas Occupation Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **850.00**

Date of Receipt **09 / 07 / 2012**
Transaction ID : SA11AI.13182
Amount of Each Receipt this Period **50.00**

B. Bradford W Evans
Full Name (Last, First, Middle Initial)
Mailing Address 400 E Red Bridge Rd
City Kansas City State MO Zip Code 67131
FEC ID number of contributing federal political committee. **C**
Name of Employer Hospice Care of Kansas Occupation Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 21 / 2012**
Transaction ID : SA11AI.13632
Amount of Each Receipt this Period **50.00**

C. Patricia A (Tricia) Fox
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 190
City Florence State TX Zip Code 76527
FEC ID number of contributing federal political committee. **C**
Name of Employer Girling Home Health Occupation Vice President, Rehab
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **650.00**

Date of Receipt **07 / 13 / 2012**
Transaction ID : SA11AI.11939
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 36 OF 131
	<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	<input type="checkbox"/> 17

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

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

Mailing Address **PO Box 190**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
07 / 31 / 2012
Transaction ID : SA11AI.12266

Amount of Each Receipt this Period
50.00

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

Mailing Address **PO Box 190**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
08 / 15 / 2012
Transaction ID : SA11AI.12628

Amount of Each Receipt this Period
50.00

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

Mailing Address **PO Box 190**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
08 / 31 / 2012
Transaction ID : SA11AI.12906

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 37 OF 131
	<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. Patricia A (Tricia) Fox

Mailing Address **PO Box 190**

City Florence	State TX	Zip Code 76527
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.13357

Amount of Each Receipt this Period

50.00

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

Mailing Address **PO Box 190**

City Florence	State TX	Zip Code 76527
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.13835

Amount of Each Receipt this Period

50.00

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2012

Transaction ID : SA11AI.11945

Amount of Each Receipt this Period

25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 131
	<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. Lori Don McNamee Gregory
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 E 5th St Apt 2819
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Chief Compliance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : SA11AI.12272
 Amount of Each Receipt this Period
 25.00

B. Lori Don McNamee Gregory
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 E 5th St Apt 2819
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Chief Compliance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2012
Transaction ID : SA11AI.12630
 Amount of Each Receipt this Period
 25.00

C. Lori Don McNamee Gregory
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 E 5th St Apt 2819
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Chief Compliance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.12912
 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 39 OF 131
	<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. Lori Don McNamee Gregory
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 E 5th St Apt 2819
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Chief Compliance Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **425.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.13364
 Amount of Each Receipt this Period
 25.00

B. Lori Don McNamee Gregory
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 E 5th St Apt 2819
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Chief Compliance Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.13841
 Amount of Each Receipt this Period
 25.00

C. 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 **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2012
Transaction ID : SA11AI.11782
 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 40 OF 131
	<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. Elaine Hall		Date of Receipt MM / DD / YYYY 07 / 20 / 2012 Transaction ID : SA11AI.12060
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 ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Elaine Hall		Date of Receipt MM / DD / YYYY 08 / 07 / 2012 Transaction ID : SA11AI.12425
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 ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Elaine Hall		Date of Receipt MM / DD / YYYY 08 / 22 / 2012 Transaction ID : SA11AI.12754
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 ▼ 400.00	

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 41 OF 131
(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. Elaine Hall

Mailing Address 6480 County Road 321

City Blanket State TX Zip Code 76432

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

Name of Employer Lighthouse Hospice Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : SA11Al.13199

Amount of Each Receipt this Period
250.00

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

Mailing Address 6480 County Road 321

City Blanket State TX Zip Code 76432

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

Name of Employer Lighthouse Hospice Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : SA11Al.13646

Amount of Each Receipt this Period
25.00

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

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 ▼ **2600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : SA11Al.11950

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Benjamin Hanson		Date of Receipt 07 / 31 / 2012 Transaction ID : SA11AI.12276
Mailing Address 2211 Sunny Slope Dr		Amount of Each Receipt this Period 200.00
City Austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 2800.00
Name of Employer Harden Healthcare Occupation Sr Vice President & General Counsel	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Benjamin Hanson		Date of Receipt 08 / 15 / 2012 Transaction ID : SA11AI.12632
Mailing Address 2211 Sunny Slope Dr		Amount of Each Receipt this Period 200.00
City Austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 3000.00
Name of Employer Harden Healthcare Occupation Sr Vice President & General Counsel	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Benjamin Hanson		Date of Receipt 08 / 31 / 2012 Transaction ID : SA11AI.12916
Mailing Address 2211 Sunny Slope Dr		Amount of Each Receipt this Period 200.00
City Austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 3200.00
Name of Employer Harden Healthcare Occupation Sr Vice President & General Counsel	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 131
	<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. 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 **3400.00**

Date of Receipt
09 / 14 / 2012
Transaction ID : SA11AI.13368
Amount of Each Receipt this Period
200.00

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 **3600.00**

Date of Receipt
09 / 28 / 2012
Transaction ID : SA11AI.13845
Amount of Each Receipt this Period
200.00

C. 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 **650.00**

Date of Receipt
07 / 13 / 2012
Transaction ID : SA11AI.11951
Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 44 OF 131
(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. Eric J Hansum

Mailing Address 3005 Chatelaine Dr

City State Zip Code
Austin TX 78746

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

Name of Employer Occupation
Harden Healthcare Legal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : SA11AI.12277

Amount of Each Receipt this Period
50.00

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

Mailing Address 3005 Chatelaine Dr

City State Zip Code
Austin TX 78746

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

Name of Employer Occupation
Harden Healthcare Legal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2012
Transaction ID : SA11AI.12633

Amount of Each Receipt this Period
50.00

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

Mailing Address 3005 Chatelaine Dr

City State Zip Code
Austin TX 78746

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

Name of Employer Occupation
Harden Healthcare Legal

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
 08 / 31 / 2012
Transaction ID : SA11AI.12917

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 45 OF 131
<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 ▼ 850.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11AI.13369
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 ▼ 900.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.13846
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 ▼ 650.00

Date of Receipt 07 / 13 / 2012
Transaction ID : SA11AI.11955
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 46 OF 131
<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. 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 ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : SA11AI.12281

Amount of Each Receipt this Period

50.00

B. 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 ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

Transaction ID : SA11AI.12636

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 ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11AI.12921

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 47 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Robin J Hayes		Date of Receipt MM / DD / YYYY 09 / 14 / 2012 Transaction ID : SA11AI.13373
Mailing Address 6112 Jumano Ln		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 TRISUN Healthcare Occupation Vice President, Professional Services	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00

Full Name (Last, First, Middle Initial) B. Robin J Hayes		Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.13850
Mailing Address 6112 Jumano Ln		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 TRISUN Healthcare Occupation Vice President, Professional Services	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00

Full Name (Last, First, Middle Initial) C. Tina Hilmas		Date of Receipt MM / DD / YYYY 07 / 03 / 2012 Transaction ID : SA11AI.11714
Mailing Address 494 Countryside Dr		Amount of Each Receipt this Period 25.00
City Rolla State MO Zip Code 65401	FEC ID number of contributing federal political committee. C	
Name of Employer Girling Community Care Occupation Director of Nursing	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

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 48 OF 131
	<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 **375.00**

Date of Receipt: 07 / 18 / 2012
Transaction ID : SA11AI.12039
Amount of Each Receipt this Period: 25.00

B. 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 **400.00**

Date of Receipt: 08 / 01 / 2012
Transaction ID : SA11AI.12357
Amount of Each Receipt this Period: 25.00

C. 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 **425.00**

Date of Receipt: 08 / 15 / 2012
Transaction ID : SA11AI.12639
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 49 OF 131
<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. 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 **450.00**

Date of Receipt: 08 / 29 / 2012
Transaction ID : SA11AI.12868
Amount of Each Receipt this Period: 25.00

B. 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 **475.00**

Date of Receipt: 09 / 12 / 2012
Transaction ID : SA11AI.13306
Amount of Each Receipt this Period: 25.00

C. 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 **500.00**

Date of Receipt: 09 / 26 / 2012
Transaction ID : SA11AI.13798
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 50 OF 131
<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. Chelsea M Holden		Date of Receipt MM / DD / YYYY 07 / 13 / 2012 Transaction ID : SA11AI.11959
Mailing Address 4000 Dunning Ln		Amount of Each Receipt this Period 25.00
City Austin State TX Zip Code 78746	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 325.00
Name of Employer Harden Healthcare Services Occupation Government Relations Liaison	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Chelsea M Holden		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : SA11AI.12285
Mailing Address 4000 Dunning Ln		Amount of Each Receipt this Period 25.00
City Austin State TX Zip Code 78746	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 350.00
Name of Employer Harden Healthcare Services Occupation Government Relations Liaison	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Chelsea M Holden		Date of Receipt MM / DD / YYYY 08 / 15 / 2012 Transaction ID : SA11AI.12640
Mailing Address 4000 Dunning Ln		Amount of Each Receipt this Period 25.00
City Austin State TX Zip Code 78746	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 375.00
Name of Employer Harden Healthcare Services Occupation Government Relations Liaison	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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 51 OF 131
	<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. 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 ▼ 400.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11AI.12927
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 ▼ 425.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11AI.13379
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 ▼ 450.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.13855
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 52 OF 131
<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. Maxzine Holliday

Mailing Address 6116 Sulfur Spring Dr

City Killeen	State TX	Zip Code 76542
-----------------	-------------	-------------------

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

Name of Employer TRISUN Healthcare	Occupation Director of Nursing
---------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : SA11AI.11785

Amount of Each Receipt this Period

40.00

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

Mailing Address 6116 Sulfur Spring Dr

City Killeen	State TX	Zip Code 76542
-----------------	-------------	-------------------

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

Name of Employer TRISUN Healthcare	Occupation Director of Nursing
---------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2012

Transaction ID : SA11AI.12134

Amount of Each Receipt this Period

40.00

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

Mailing Address 6116 Sulfur Spring Dr

City Killeen	State TX	Zip Code 76542
-----------------	-------------	-------------------

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

Name of Employer TRISUN Healthcare	Occupation Director of Nursing
---------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2012

Transaction ID : SA11AI.12428

Amount of Each Receipt this Period

40.00

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

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

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

FOR LINE NUMBER: PAGE 53 OF 131
(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. Maxzine Holliday

Mailing Address 6116 Sulfur Spring Dr

City Killeen State TX Zip Code 76542

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

Name of Employer TRISUN Healthcare Occupation Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **490.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2012

Transaction ID : SA11AI.12757

Amount of Each Receipt this Period
40.00

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

Mailing Address 6116 Sulfur Spring Dr

City Killeen State TX Zip Code 76542

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

Name of Employer TRISUN Healthcare Occupation Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **530.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2012

Transaction ID : SA11AI.13204

Amount of Each Receipt this Period
40.00

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

Mailing Address 6116 Sulfur Spring Dr

City Killeen State TX Zip Code 76542

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

Name of Employer TRISUN Healthcare Occupation Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2012

Transaction ID : SA11AI.13649

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **120.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kelly Ann Jalowiec
 Full Name (Last, First, Middle Initial)
 Mailing Address 1410 W Fillmore St
 City Chicago State IL Zip Code 60607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Girling Home Health Occupation: Vice President, Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **975.00**

Date of Receipt: 07 / 13 / 2012
Transaction ID : SA11AI.11965
 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 **1050.00**

Date of Receipt: 07 / 31 / 2012
Transaction ID : SA11AI.12290
 Amount of Each Receipt this Period: 75.00

C. 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 **1125.00**

Date of Receipt: 08 / 15 / 2012
Transaction ID : SA11AI.12565
 Amount of Each Receipt this Period: 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 131
	<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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11AI.12932

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 ▼
1275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.13384

Amount of Each Receipt this Period
75.00

C. 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 ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.13862

Amount of Each Receipt this Period
75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 131
	<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. Lakishia Lanette Jawdjee
 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 **325.00**

Date of Receipt: 07 / 13 / 2012
Transaction ID : SA11AI.11966
 Amount of Each Receipt this Period: 25.00

B. Lakishia Lanette Jawdjee
 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 **350.00**

Date of Receipt: 07 / 31 / 2012
Transaction ID : SA11AI.12291
 Amount of Each Receipt this Period: 25.00

C. Lakishia Lanette Jawdjee
 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 **375.00**

Date of Receipt: 08 / 15 / 2012
Transaction ID : SA11AI.12642
 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 57 OF 131
	(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. Lakishia Lanette Jawdjee
 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 **400.00**

Date of Receipt: 08 / 31 / 2012
Transaction ID : SA11AI.12933
 Amount of Each Receipt this Period: 25.00

B. Lakishia Lanette Jawdjee
 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 **425.00**

Date of Receipt: 09 / 14 / 2012
Transaction ID : SA11AI.13385
 Amount of Each Receipt this Period: 25.00

C. Lakishia Lanette Jawdjee
 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 **450.00**

Date of Receipt: 09 / 28 / 2012
Transaction ID : SA11AI.13863
 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 58 OF 131
<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. 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 Girling Community Care	Occupation Regional Director
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2012

Transaction ID : SA11AI.11716

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
B. 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 Girling Community Care	Occupation Regional Director
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Transaction ID : SA11AI.12041

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
C. 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 Girling Community Care	Occupation Regional Director
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : SA11AI.12359

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 59 OF 131
<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

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 Girling Community Care	Occupation Regional Director
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

Transaction ID : SA11AI.12645

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
B. 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 Girling Community Care	Occupation Regional Director
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2012

Transaction ID : SA11AI.12870

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
C. 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 Girling Community Care	Occupation Regional Director
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2012

Transaction ID : SA11AI.13308

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 60 OF 131
	<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. 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 ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Transaction ID : SA11AI.13800

Amount of Each Receipt this Period

25.00

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

Mailing Address 285 E Summit Dr

City	State	Zip Code
Wimberley	TX	78676

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1625.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2012

Transaction ID : SA11AI.11971

Amount of Each Receipt this Period

125.00

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

Mailing Address 285 E Summit Dr

City	State	Zip Code
Wimberley	TX	78676

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : SA11AI.12296

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: PAGE 61 OF 131
(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. Diane Kenyon

Mailing Address 285 E Summit Dr

City State Zip Code
Wimberley TX 78676

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2012
Transaction ID : SA11AI.12646

Amount of Each Receipt this Period
125.00

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

Mailing Address 285 E Summit Dr

City State Zip Code
Wimberley TX 78676

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.12937

Amount of Each Receipt this Period
125.00

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

Mailing Address 285 E Summit Dr

City State Zip Code
Wimberley TX 78676

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.13388

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 131
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 285 E Summit Dr

City Wimberley State TX Zip Code 78676

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.13866

Amount of Each Receipt this Period
 125.00

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

Mailing Address 9513 Prescott Dr

City Austin State TX Zip Code 78749

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

Name of Employer Harden Healthcare Occupation President, Leadership Development Inst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : SA11AI.11975

Amount of Each Receipt this Period
 100.00

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

Mailing Address 9513 Prescott Dr

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : SA11AI.12300

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	325.00
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 63 OF 131
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 9513 Prescott Dr

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2012
Transaction ID : SA11AI.12649

Amount of Each Receipt this Period
 100.00

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

Mailing Address 9513 Prescott Dr

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.12941

Amount of Each Receipt this Period
 100.00

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

Mailing Address 9513 Prescott Dr

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.13392

Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 131
	<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. Kimberly A Layton
Full Name (Last, First, Middle Initial)

Mailing Address 9513 Prescott Dr

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.13870

Amount of Each Receipt this Period
 100.00

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

Mailing Address 1620 Elder Hill Rd

City Driftwood State TX Zip Code 78619

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

Name of Employer Girling Community Care Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : SA11AI.11977

Amount of Each Receipt this Period
 50.00

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

Mailing Address 1620 Elder Hill Rd

City Driftwood State TX Zip Code 78619

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

Name of Employer Girling Community Care Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : SA11AI.12302

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 131
<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. George Ledbetter
Full Name (Last, First, Middle Initial)

Mailing Address 1620 Elder Hill Rd

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

Transaction ID : SA11AI.12651

Amount of Each Receipt this Period

50.00

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

Mailing Address 1620 Elder Hill Rd

City Driftwood	State TX	Zip Code 78619
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11AI.12943

Amount of Each Receipt this Period

50.00

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

Mailing Address 1620 Elder Hill Rd

City Driftwood	State TX	Zip Code 78619
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.13394

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 66 OF 131
(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. 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 ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.13872

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
 195.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : SA11AI.11978

Amount of Each Receipt this Period
 15.00

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 ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : SA11AI.12303

Amount of Each Receipt this Period
 15.00

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 67 OF 131
	<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. Deanna Faye Lewis

Mailing Address 1645 BENBOW RD

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	15	/	2012

Transaction ID : SA11Al.12570

Amount of Each Receipt this Period
15.00

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

Mailing Address 1645 BENBOW RD

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11Al.12944

Amount of Each Receipt this Period
15.00

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

Mailing Address 1645 BENBOW RD

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11Al.13395

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 68 OF 131
	<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. Deanna Faye Lewis
Full Name (Last, First, Middle Initial)
Mailing Address 1645 BENBOW RD
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: Primary General Other (specify) Aggregate Year-to-Date **270.00**

Date of Receipt: 09 / 28 / 2012
Transaction ID : SA11AI.13873
Amount of Each Receipt this Period: 15.00

B. Debra Lietz
Full Name (Last, First, Middle Initial)
Mailing Address 210 W Windcrest St
City Fredericksburg State TX Zip Code 78624
FEC ID number of contributing federal political committee. **C**
Name of Employer: Windcrest Nursing & Rehab Occupation: Administrator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **230.00**

Date of Receipt: 07 / 06 / 2012
Transaction ID : SA11AI.11803
Amount of Each Receipt this Period: 10.00

C. Debra Lietz
Full Name (Last, First, Middle Initial)
Mailing Address 210 W Windcrest St
City Fredericksburg State TX Zip Code 78624
FEC ID number of contributing federal political committee. **C**
Name of Employer: Windcrest Nursing & Rehab Occupation: Administrator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Date of Receipt: 07 / 23 / 2012
Transaction ID : SA11AI.12150
Amount of Each Receipt this Period: 10.00

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: PAGE 69 OF 131
(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. Debra Lietz

Mailing Address 210 W Windcrest St

City State Zip Code
Frederickburg TX 78624

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

Name of Employer Occupation
Windcrest Nursing & Rehab Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012
Transaction ID : SA11AI.12446

Amount of Each Receipt this Period
10.00

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

Mailing Address 210 W Windcrest St

City State Zip Code
Frederickburg TX 78624

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

Name of Employer Occupation
Windcrest Nursing & Rehab Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2012
Transaction ID : SA11AI.12774

Amount of Each Receipt this Period
10.00

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

Mailing Address 210 W Windcrest St

City State Zip Code
Frederickburg TX 78624

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

Name of Employer Occupation
Windcrest Nursing & Rehab Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : SA11AI.13222

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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 70 OF 131
	<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. Debra Lietz		Date of Receipt
Mailing Address 210 W Windcrest St		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Frederickburg	TX	78624
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.13665
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
Windcrest Nursing & Rehab	Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. William Thomas Linder Jr.		Date of Receipt
Mailing Address 1703 W 5th St		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Austin	TX	78703
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11980
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
Girling Home Health	Vice President, Home Health Sales	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="150.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. William Thomas Linder Jr.		Date of Receipt
Mailing Address 1703 W 5th St		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Austin	TX	78703
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.12304
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
Girling Home Health	Vice President, Home Health Sales	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="110.00"/>
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 71 OF 131
	<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 Thomas Linder Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1703 W 5th St

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 15 / 2012

Transaction ID : SA11AI.12571

Amount of Each Receipt this Period
50.00

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

Mailing Address 1703 W 5th St

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : SA11AI.12945

Amount of Each Receipt this Period
50.00

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

Mailing Address 1703 W 5th St

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA11AI.13396

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 72 OF 131
<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. William Thomas Linder Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 1703 W 5th St
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: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt: 09 / 28 / 2012
Transaction ID : SA11AI.13874
Amount of Each Receipt this Period: 50.00

B. Maria A MacKeil
Full Name (Last, First, Middle Initial)
Mailing Address 8820 Colberg Dr
City Austin State TX Zip Code 78749
FEC ID number of contributing federal political committee. **C**
Name of Employer: Harden Healthcare Occupation: Director of Internal Audit
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **650.00**

Date of Receipt: 07 / 13 / 2012
Transaction ID : SA11AI.11983
Amount of Each Receipt this Period: 50.00

C. Maria A MacKeil
Full Name (Last, First, Middle Initial)
Mailing Address 8820 Colberg Dr
City Austin State TX Zip Code 78749
FEC ID number of contributing federal political committee. **C**
Name of Employer: Harden Healthcare Occupation: Director of Internal Audit
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **700.00**

Date of Receipt: 07 / 31 / 2012
Transaction ID : SA11AI.12307
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 73 OF 131
	<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

Mailing Address 8820 Colberg Dr

City Austin	State TX	Zip Code 78749
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation Director of Internal Audit
---------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

Transaction ID : SA11AI.12652

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)
B. Maria A MacKeil

Mailing Address 8820 Colberg Dr

City Austin	State TX	Zip Code 78749
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation Director of Internal Audit
---------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11AI.12948

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)
C. Maria A MacKeil

Mailing Address 8820 Colberg Dr

City Austin	State TX	Zip Code 78749
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation Director of Internal Audit
---------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.13399

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 74 OF 131
<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. Maria A MacKeil

Mailing Address 8820 Colberg Dr

City Austin State TX Zip Code 78749

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

Name of Employer Harden Healthcare Occupation Director of Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11AI.13877

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ **90.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : SA11AI.11987

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. 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 ▼ **120.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : SA11AI.12310

Amount of Each Receipt this Period
30.00

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 75 OF 131
<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. Polly A Matlock
Full Name (Last, First, Middle Initial)
Mailing Address 7225 Eastex Fwy
City Beaumont State TX Zip Code 77708
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Home Health Occupation: Administrator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **150.00**

Date of Receipt: 08 / 15 / 2012
Transaction ID : SA11AI.12575
Amount of Each Receipt this Period: 30.00

B. Polly A Matlock
Full Name (Last, First, Middle Initial)
Mailing Address 7225 Eastex Fwy
City Beaumont State TX Zip Code 77708
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Home Health Occupation: Administrator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **180.00**

Date of Receipt: 08 / 31 / 2012
Transaction ID : SA11AI.12953
Amount of Each Receipt this Period: 30.00

C. Polly A Matlock
Full Name (Last, First, Middle Initial)
Mailing Address 7225 Eastex Fwy
City Beaumont State TX Zip Code 77708
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Home Health Occupation: Administrator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt: 09 / 14 / 2012
Transaction ID : SA11AI.13403
Amount of Each Receipt this Period: 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 131
<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. Polly A Matlock
Full Name (Last, First, Middle Initial)
Mailing Address 7225 Eastex Fwy
City Beaumont State TX Zip Code 77708
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Home Health Occupation: Administrator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Date of Receipt: 09 / 28 / 2012
Transaction ID : SA11AI.13881
Amount of Each Receipt this Period: 30.00

B. Cathy McKinney
Full Name (Last, First, Middle Initial)
Mailing Address 811 Rowe St
City Rockport State TX Zip Code 78382
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 **65.00**

Date of Receipt: 07 / 06 / 2012
Transaction ID : SA11AI.12696
Amount of Each Receipt this Period: 5.00
previously reported as McKinny
[MEMO ITEM]

C. Deborah Morgan
Full Name (Last, First, Middle Initial)
Mailing Address 5404 Agatha Cir
City Austin State TX Zip Code 78724
FEC ID number of contributing federal political committee. **C**
Name of Employer: Harden Healthcare Services Occupation: PMO Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **162.50**

Date of Receipt: 07 / 13 / 2012
Transaction ID : SA11AI.11993
Amount of Each Receipt this Period: 12.50

SUBTOTAL of Receipts This Page (optional)..... **42.50**
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 77 OF 131
	<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. Deborah Morgan		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : SA11AI.12316
Mailing Address 5404 Agatha Cir		Amount of Each Receipt this Period 12.50
City Austin	State TX	Zip Code 78724
FEC ID number of contributing federal political committee. C	Occupation PMO Director	
Name of Employer Harden Healthcare Services	Aggregate Year-to-Date ▼ 175.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Deborah Morgan		Date of Receipt MM / DD / YYYY 08 / 15 / 2012 Transaction ID : SA11AI.12656
Mailing Address 5404 Agatha Cir		Amount of Each Receipt this Period 12.50
City Austin	State TX	Zip Code 78724
FEC ID number of contributing federal political committee. C	Occupation PMO Director	
Name of Employer Harden Healthcare Services	Aggregate Year-to-Date ▼ 187.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Deborah Morgan		Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : SA11AI.12960
Mailing Address 5404 Agatha Cir		Amount of Each Receipt this Period 12.50
City Austin	State TX	Zip Code 78724
FEC ID number of contributing federal political committee. C	Occupation PMO Director	
Name of Employer Harden Healthcare Services	Aggregate Year-to-Date ▼ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	37.50
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 78 OF 131
<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. Deborah Morgan		Date of Receipt MM / DD / YYYY 09 / 14 / 2012 Transaction ID : SA11AI.13409
Mailing Address 5404 Agatha Cir		Amount of Each Receipt this Period 212.50
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50

Full Name (Last, First, Middle Initial) B. Deborah Morgan		Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.13888
Mailing Address 5404 Agatha Cir		Amount of Each Receipt this Period 12.50
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00

Full Name (Last, First, Middle Initial) C. Victoria Palm		Date of Receipt MM / DD / YYYY 07 / 06 / 2012 Transaction ID : SA11AI.11835
Mailing Address 3507 Abrazo		Amount of Each Receipt this Period 25.00
City San Antonio State TX Zip Code 78247	FEC ID number of contributing federal political committee. C	
Name of Employer TRISUN Healthcare Occupation Regional Vice President	Receipt For: <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).....▶	50.00
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 79 OF 131
	<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. Victoria Palm

Mailing Address 3507 Abrazo

City San Antonio State TX Zip Code 78247

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

Name of Employer TRISUN Healthcare Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : SA11AI.12172

Amount of Each Receipt this Period
25.00

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

Mailing Address 3507 Abrazo

City San Antonio State TX Zip Code 78247

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

Name of Employer TRISUN Healthcare Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : SA11AI.12477

Amount of Each Receipt this Period
25.00

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

Mailing Address 3507 Abrazo

City San Antonio State TX Zip Code 78247

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

Name of Employer TRISUN Healthcare Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2012

Transaction ID : SA11AI.12804

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 80 OF 131
<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. Victoria Palm
Full Name (Last, First, Middle Initial)
Mailing Address 3507 Abrazo
City San Antonio State TX Zip Code 78247
FEC ID number of contributing federal political committee. **C**
Name of Employer TRISUN Healthcare Occupation Regional Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 07 / 2012
Transaction ID : SA11AI.13250
Amount of Each Receipt this Period 25.00

B. Victoria Palm
Full Name (Last, First, Middle Initial)
Mailing Address 3507 Abrazo
City San Antonio State TX Zip Code 78247
FEC ID number of contributing federal political committee. **C**
Name of Employer TRISUN Healthcare Occupation Regional Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 21 / 2012
Transaction ID : SA11AI.13692
Amount of Each Receipt this Period 25.00

C. 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 ▼ 650.00

Date of Receipt 07 / 13 / 2012
Transaction ID : SA11AI.11999
Amount of Each Receipt this Period 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 131
	<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 **700.00**

Date of Receipt: 07 / 31 / 2012
Transaction ID : SA11AI.12323
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 **750.00**

Date of Receipt: 08 / 15 / 2012
Transaction ID : SA11AI.12583
Amount of Each Receipt this Period: 50.00

C. 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 **800.00**

Date of Receipt: 08 / 31 / 2012
Transaction ID : SA11AI.12969
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 82 OF 131
	<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 ▼ **850.00**

Date of Receipt: **09 / 14 / 2012**

Transaction ID : SA11AI.13417

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 ▼ **900.00**

Date of Receipt: **09 / 28 / 2012**

Transaction ID : SA11AI.13896

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 ▼ **325.00**

Date of Receipt: **07 / 13 / 2012**

Transaction ID : SA11AI.12001

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

SUBTOTAL of Receipts This Page (optional)..... **125.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 131
	<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. Mark Pinckard		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2012 Transaction ID : SA11AI.12325
Mailing Address 2913 Richfield Landing		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Mark Pinckard		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 15 / 2012 Transaction ID : SA11AI.12660
Mailing Address 2913 Richfield Landing		Amount of Each Receipt this Period 1.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	

Full Name (Last, First, Middle Initial) C. Mark Pinckard		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2012 Transaction ID : SA11AI.12971
Mailing Address 2913 Richfield Landing		Amount of Each Receipt this Period 1.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.00	

SUBTOTAL of Receipts This Page (optional).....▶	27.00
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 84 OF 131
	<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. 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 ▼ **353.00**

Date of Receipt: 09 / 14 / 2012
Transaction ID : SA11AI.13419

Amount of Each Receipt this Period: 1.00

B. 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 ▼ **354.00**

Date of Receipt: 09 / 28 / 2012
Transaction ID : SA11AI.13898

Amount of Each Receipt this Period: 1.00

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

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: Girling Community Care Occupation: Regional Manager, Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt: 07 / 13 / 2012
Transaction ID : SA11AI.12002

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **27.00**

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 85 OF 131
<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. Robin A Polk
Full Name (Last, First, Middle Initial)

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 Girling Community Care	Occupation Regional Manager, Compliance
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : SA11AI.12326

Amount of Each Receipt this Period

25.00

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

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 Girling Community Care	Occupation Regional Manager, Compliance
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

Transaction ID : SA11AI.12661

Amount of Each Receipt this Period

25.00

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

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 Girling Community Care	Occupation Regional Manager, Compliance
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11AI.12972

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 86 OF 131	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Robin A Polk			Date of Receipt
Mailing Address 201 County Road 326a			<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City Rosebud	State TX	Zip Code 76570	Transaction ID : SA11AI.13420
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period		<input type="text" value="25.00"/>
Name of Employer Girling Community Care	Occupation Regional Manager, Compliance	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="425.00"/>		

Full Name (Last, First, Middle Initial) B. Robin A Polk			Date of Receipt
Mailing Address 201 County Road 326a			<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Rosebud	State TX	Zip Code 76570	Transaction ID : SA11AI.13899
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period		<input type="text" value="25.00"/>
Name of Employer Girling Community Care	Occupation Regional Manager, Compliance	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>		

Full Name (Last, First, Middle Initial) C. Shanni F Ponce			Date of Receipt
Mailing Address 2818 Fountain Grove Cv			<input type="text" value="07"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City Round Rock	State TX	Zip Code 78665	Transaction ID : SA11AI.11845
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period		<input type="text" value="40.00"/>
Name of Employer MBS Rehab	Occupation Senior Vice President	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="520.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
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 87 OF 131
	<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. 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 ▼ 560.00

Date of Receipt 07 / 20 / 2012
Transaction ID : SA11AI.12074
Amount of Each Receipt this Period 40.00

B. 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 ▼ 600.00

Date of Receipt 08 / 07 / 2012
Transaction ID : SA11AI.12487
Amount of Each Receipt this Period 40.00

C. 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 ▼ 640.00

Date of Receipt 08 / 22 / 2012
Transaction ID : SA11AI.12690
Amount of Each Receipt this Period 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 131
	<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. 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 ▼ **680.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : SA11AI.13260

Amount of Each Receipt this Period
40.00

B. 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 ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : SA11AI.13702

Amount of Each Receipt this Period
40.00

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

Mailing Address 2505 S 37th St

City Temple State TX Zip Code 76504

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

Name of Employer TRISUN Healthcare Occupation Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2012
Transaction ID : SA11AI.11850

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: (check only one)	PAGE 89 OF 131
<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. Beth Ratliff		Date of Receipt MM / DD / YYYY 07 / 23 / 2012 Transaction ID : SA11AI.12180
Mailing Address 2505 S 37th St		Amount of Each Receipt this Period 25.00
City Temple	State TX	Zip Code 76504
FEC ID number of contributing federal political committee. C		
Name of Employer TRISUN Healthcare	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Beth Ratliff		Date of Receipt MM / DD / YYYY 08 / 07 / 2012 Transaction ID : SA11AI.12492
Mailing Address 2505 S 37th St		Amount of Each Receipt this Period 25.00
City Temple	State TX	Zip Code 76504
FEC ID number of contributing federal political committee. C		
Name of Employer TRISUN Healthcare	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Jeanette Reinert		Date of Receipt MM / DD / YYYY 07 / 13 / 2012 Transaction ID : SA11AI.12006
Mailing Address 3110 Cimmaron Rd		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

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 90 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : SA11AI.12329
 Amount of Each Receipt this Period
 25.00

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 ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2012
Transaction ID : SA11AI.12662
 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 ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.12975
 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 91 OF 131
	<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	<input type="checkbox"/> 17

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

A. 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 ▼ 425.00

Date of Receipt 09 / 14 / 2012
Transaction ID : SA11AI.13423
Amount of Each Receipt this Period 25.00

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 ▼ 450.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.13902
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 ▼ 325.00

Date of Receipt 07 / 06 / 2012
Transaction ID : SA11AI.11860
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 92 OF 131
	<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. Lisa Roundtree

Mailing Address 408 Beauty Ln

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : SA11AI.12079

Amount of Each Receipt this Period

25.00

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

Mailing Address 408 Beauty Ln

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2012

Transaction ID : SA11AI.12501

Amount of Each Receipt this Period

25.00

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

Mailing Address 408 Beauty Ln

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2012

Transaction ID : SA11AI.12692

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 93 OF 131
<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. 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 ▼ 425.00

Date of Receipt
09 / 07 / 2012
Transaction ID : SA11AI.13273
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 ▼ 450.00

Date of Receipt
09 / 21 / 2012
Transaction ID : SA11AI.13714
Amount of Each Receipt this Period 25.00

C. Chris Roussos
Full Name (Last, First, Middle Initial)
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 ▼ 260.00

Date of Receipt
07 / 13 / 2012
Transaction ID : SA11AI.12009
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 94 OF 131
(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. Chris Roussos

Mailing Address 1611 W 5th St

City State Zip Code
 Austin TX 78713

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

Name of Employer Occupation
 Harden Healthcare Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : SA11AI.12332

Amount of Each Receipt this Period
 20.00

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

Mailing Address 1611 W 5th St

City State Zip Code
 Austin TX 78713

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

Name of Employer Occupation
 Harden Healthcare Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2012
Transaction ID : SA11AI.12663

Amount of Each Receipt this Period
 20.00

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

Mailing Address 1611 W 5th St

City State Zip Code
 Austin TX 78713

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

Name of Employer Occupation
 Harden Healthcare Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.12978

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

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 95 OF 131
<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 ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA11AI.13426

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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11AI.13904

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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : SA11AI.12010

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: (check only one)	PAGE 96 OF 131
<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. Kelly Rowe
Full Name (Last, First, Middle Initial)
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 ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : SA11AI.12333

Amount of Each Receipt this Period

25.00

B. Kelly Rowe
Full Name (Last, First, Middle Initial)
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 ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

Transaction ID : SA11AI.12664

Amount of Each Receipt this Period

25.00

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

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11AI.12979

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 97 OF 131
	<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 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 ▼ **425.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.13427

Amount of Each Receipt this Period

25.00

B. 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 ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.13905

Amount of Each Receipt this Period

25.00

C. Kathleen M Schellhaas
Full Name (Last, First, Middle Initial)

Mailing Address 2535 Grassy Spring Pl

City	State	Zip Code
Las Vegas	NV	89135

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

Name of Employer	Occupation
Harden Healthcare	Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2012

Transaction ID : SA11AI.12012

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 98 OF 131
	<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. Kathleen M Schellhaas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2535 Grassy Spring Pl
 City Las Vegas State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : SA11AI.12335
 Amount of Each Receipt this Period
 25.00

B. Kathleen M Schellhaas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2535 Grassy Spring Pl
 City Las Vegas State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2012
Transaction ID : SA11AI.12665
 Amount of Each Receipt this Period
 25.00

C. Kathleen M Schellhaas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2535 Grassy Spring Pl
 City Las Vegas State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.12981
 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 99 OF 131
	<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. Kathleen M Schellhaas		Date of Receipt MM / DD / YYYY 09 / 14 / 2012 Transaction ID : SA11AI.13429
Mailing Address 2535 Grassy Spring Pl		Amount of Each Receipt this Period 25.00
City Las Vegas	State NV	Zip Code 89135
FEC ID number of contributing federal political committee. C	Name of Employer Harden Healthcare	Occupation Business Development
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) B. Rebecca Shropshire		Date of Receipt MM / DD / YYYY 07 / 06 / 2012 Transaction ID : SA11AI.11866
Mailing Address 722 Craig St		Amount of Each Receipt this Period 40.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. Rebecca Shropshire		Date of Receipt MM / DD / YYYY 07 / 23 / 2012 Transaction ID : SA11AI.12194
Mailing Address 722 Craig St		Amount of Each Receipt this Period 40.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

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 100 OF 131
(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. Rebecca Shropshire

Mailing Address 722 Craig St

City Hillboro State TX Zip Code 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 ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012
Transaction ID : SA11AI.12506

Amount of Each Receipt this Period
40.00

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

Mailing Address 722 Craig St

City Hillboro State TX Zip Code 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 ▼
640.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2012
Transaction ID : SA11AI.12829

Amount of Each Receipt this Period
40.00

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

Mailing Address 722 Craig St

City Hillboro State TX Zip Code 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 ▼
680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : SA11AI.13278

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 101 OF 131
<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. Rebecca Shropshire

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 ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2012

Transaction ID : SA11AI.13719

Amount of Each Receipt this Period
40.00

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

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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : SA11AI.12017

Amount of Each Receipt this Period
25.00

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

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : SA11AI.12339

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 102 OF 131
<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. 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 ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

Transaction ID : SA11AI.12669

Amount of Each Receipt this Period

25.00

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

Mailing Address 3804 Middle Earth Trl

City Austin	State TX	Zip Code 78739
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare Services	Occupation Controller
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11AI.12986

Amount of Each Receipt this Period

25.00

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 ▼ **425.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.13434

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 103 OF 131
<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. Toni M Silguero		Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.13911
Mailing Address 3804 Middle Earth Trl		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00

Full Name (Last, First, Middle Initial) B. Juli Simmang		Date of Receipt MM / DD / YYYY 07 / 06 / 2012 Transaction ID : SA11AI.11867
Mailing Address 991 Oak Rdg		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00

Full Name (Last, First, Middle Initial) C. Juli Simmang		Date of Receipt MM / DD / YYYY 07 / 20 / 2012 Transaction ID : SA11AI.12080
Mailing Address 991 Oak Rdg		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00

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

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

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

FOR LINE NUMBER: PAGE 104 OF 131
(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. Juli Simmang

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 ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : SA11AI.12507

Amount of Each Receipt this Period
50.00

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

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 ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2012

Transaction ID : SA11AI.12693

Amount of Each Receipt this Period
50.00

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

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 ▼ **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2012

Transaction ID : SA11AI.13279

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 105 OF 131
	<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 ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2012

Transaction ID : SA11AI.13720

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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : SA11AI.12018

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : SA11AI.12340

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: PAGE 106 OF 131
(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. Robert E Steel

Mailing Address 5315 Magdalena Dr

City State Zip Code
Austin TX 78735

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

Name of Employer Occupation
Harden Healthcare Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2012
Transaction ID : SA11AI.12670

Amount of Each Receipt this Period
25.00

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

Mailing Address 5315 Magdalena Dr

City State Zip Code
Austin TX 78735

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

Name of Employer Occupation
Harden Healthcare Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.12987

Amount of Each Receipt this Period
25.00

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

Mailing Address 5315 Magdalena Dr

City State Zip Code
Austin TX 78735

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

Name of Employer Occupation
Harden Healthcare Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.13435

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 107 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 5315 Magdalena Dr

City Austin State TX Zip Code 78735

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

Name of Employer Harden Healthcare Occupation Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.13912

Amount of Each Receipt this Period
 25.00

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

Mailing Address 2419 Edgecliff Path

City Georgetown State TX Zip Code 78626

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

Name of Employer TRISUN Healthcare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 589.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2012
Transaction ID : SA11AI.11871

Amount of Each Receipt this Period
 25.00

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

Mailing Address 2419 Edgecliff Path

City Georgetown State TX Zip Code 78626

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

Name of Employer TRISUN Healthcare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 614.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : SA11AI.12198

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 108 OF 131
<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. Kenneth Stribling		Date of Receipt MM / DD / YYYY 08 / 07 / 2012 Transaction ID : SA11AI.12511
Mailing Address 2419 Edgecliff Path		Amount of Each Receipt this Period 25.00
City Georgetown	State TX	Zip Code 78626
FEC ID number of contributing federal political committee. C		
Name of Employer TRISUN Healthcare	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 639.00	

Full Name (Last, First, Middle Initial) B. Kenneth Stribling		Date of Receipt MM / DD / YYYY 08 / 22 / 2012 Transaction ID : SA11AI.12833
Mailing Address 2419 Edgecliff Path		Amount of Each Receipt this Period 25.00
City Georgetown	State TX	Zip Code 78626
FEC ID number of contributing federal political committee. C		
Name of Employer TRISUN Healthcare	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	

Full Name (Last, First, Middle Initial) C. Kenneth Stribling		Date of Receipt MM / DD / YYYY 09 / 07 / 2012 Transaction ID : SA11AI.13282
Mailing Address 2419 Edgecliff Path		Amount of Each Receipt this Period 25.00
City Georgetown	State TX	Zip Code 78626
FEC ID number of contributing federal political committee. C		
Name of Employer TRISUN Healthcare	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 689.00	

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 109 OF 131
	<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

Mailing Address 2419 Edgecliff Path

City State Zip Code
Georgetown TX 78626

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 ▼
714.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2012
Transaction ID : SA11AI.13723

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 State Zip Code
Clifton CO 81520

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

Name of Employer Occupation
Voyager Hospice Clinical Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
07 / 06 / 2012
Transaction ID : SA11AI.11874

Amount of Each Receipt this Period
25.00

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

Mailing Address 3208 Main Cir W

City State Zip Code
Clifton CO 81520

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

Name of Employer Occupation
Voyager Hospice Clinical Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2012
Transaction ID : SA11AI.13438

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**

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FOR LINE NUMBER: PAGE 110 OF 131
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 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 ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11AI.13915

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2012

Transaction ID : SA11AI.11877

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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : SA11AI.12203

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 111 OF 131
(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. 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 Occupation
 TRISUN Healthcare Administrator, Regency House

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 08 / 07 / 2012
Transaction ID : SA11AI.12517

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. 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 Occupation
 TRISUN Healthcare Administrator, Regency House

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 08 / 22 / 2012
Transaction ID : SA11AI.12838

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 Occupation
 TRISUN Healthcare Administrator, Regency House

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 09 / 07 / 2012
Transaction ID : SA11AI.13287

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 112 OF 131
	<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	<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

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 ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2012

Transaction ID : SA11AI.13729

Amount of Each Receipt this Period
25.00

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

Mailing Address 629 Park Ave

City New Richmond State WI Zip Code 54017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : SA11AI.12026

Amount of Each Receipt this Period
25.00

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

Mailing Address 629 Park Ave

City New Richmond State WI Zip Code 54017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : SA11AI.12348

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 113 OF 131
<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. Julie Vandre
Full Name (Last, First, Middle Initial)

Mailing Address 629 Park Ave

City New Richmond	State WI	Zip Code 54017
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2012

Transaction ID : SA11AI.12594

Amount of Each Receipt this Period

25.00

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

Mailing Address 629 Park Ave

City New Richmond	State WI	Zip Code 54017
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : SA11AI.12996

Amount of Each Receipt this Period

25.00

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

Mailing Address 629 Park Ave

City New Richmond	State WI	Zip Code 54017
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA11AI.13444

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 114 OF 131
	<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 ▼
450.00

Date of Receipt
09 / 28 / 2012
Transaction ID : SA11AI.13920

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 ▼
650.00

Date of Receipt
07 / 13 / 2012
Transaction ID : SA11AI.12025

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 ▼
700.00

Date of Receipt
07 / 31 / 2012
Transaction ID : SA11AI.12347

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

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

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

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

FOR LINE NUMBER: PAGE 115 OF 131
(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. Ronda Van Meter

Mailing Address 253 LCR 405

City State Zip Code
Mexia TX 76667

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

Name of Employer Occupation
Girling Home Health Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2012
Transaction ID : SA11AI.12593

Amount of Each Receipt this Period
50.00

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

Mailing Address 253 LCR 405

City State Zip Code
Mexia TX 76667

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

Name of Employer Occupation
Girling Home Health Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.12995

Amount of Each Receipt this Period
50.00

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

Mailing Address 253 LCR 405

City State Zip Code
Mexia TX 76667

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

Name of Employer Occupation
Girling Home Health Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.13443

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 116 OF 131
	<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. Ronda Van Meter

Mailing Address 253 LCR 405

City State Zip Code
Mexia TX 76667

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

Name of Employer Occupation
Girling Home Health Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2012
Transaction ID : SA11AI.13919

Amount of Each Receipt this Period
50.00

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

Mailing Address 4506 Grand Cypress Dr

City State Zip Code
Austin TX 78747

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

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
715.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2012
Transaction ID : SA11AI.12028

Amount of Each Receipt this Period
55.00

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

Mailing Address 4506 Grand Cypress Dr

City State Zip Code
Austin TX 78747

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

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
770.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012
Transaction ID : SA11AI.12349

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.00

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

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

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

FOR LINE NUMBER: PAGE 117 OF 131
(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. Jennifer Lynn Vogt

Mailing Address 4506 Grand Cypress Dr

City State Zip Code
Austin TX 78747

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

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
825.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2012
Transaction ID : SA11AI.12677

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 State Zip Code
Austin TX 78747

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

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
880.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.12998

Amount of Each Receipt this Period
55.00

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

Mailing Address 4506 Grand Cypress Dr

City State Zip Code
Austin TX 78747

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

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
935.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.13446

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 165.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 131
	<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

Mailing Address 4506 Grand Cypress Dr

City Austin State TX Zip Code 78747

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **990.00**

Date of Receipt: **09 / 28 / 2012**

Transaction ID : SA11AI.13922

Amount of Each Receipt this Period: **55.00**

Full Name (Last, First, Middle Initial)
B. Jonathon T Wilder

Mailing Address 2905 Sundance Ln

City Cantonment State FL Zip Code 32533

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

Name of Employer: **Girling Home Health** Occupation: **Regional Vice President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt: **07 / 13 / 2012**

Transaction ID : SA11AI.12031

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

Full Name (Last, First, Middle Initial)
C. Jonathon T Wilder

Mailing Address 2905 Sundance Ln

City Cantonment State FL Zip Code 32533

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

Name of Employer: **Girling Home Health** Occupation: **Regional Vice President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt: **07 / 31 / 2012**

Transaction ID : SA11AI.12351

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: (check only one)	PAGE 119 OF 131
<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. Jonathon T Wilder		Date of Receipt 08 / 15 / 2012 Transaction ID : SA11AI.12596
Mailing Address 2905 Sundance Ln		Amount of Each Receipt this Period 25.00
City Cantonment	State FL	Zip Code 32533
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 ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Dale E Williams		Date of Receipt 07 / 06 / 2012 Transaction ID : SA11AI.11890
Mailing Address 1545 N Charles St		Amount of Each Receipt this Period 25.00
City Wichita	State KS	Zip Code 67203
FEC ID number of contributing federal political committee. C		
Name of Employer Voyager Hospice	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Dale E Williams		Date of Receipt 07 / 20 / 2012 Transaction ID : SA11AI.12082
Mailing Address 1545 N Charles St		Amount of Each Receipt this Period 25.00
City Wichita	State KS	Zip Code 67203
FEC ID number of contributing federal political committee. C		
Name of Employer Voyager Hospice	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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 120 OF 131
	<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. Dale E Williams

Mailing Address 1545 N Charles St

City State Zip Code
Wichita KS 67203

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

Name of Employer Occupation
Voyager Hospice Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
08 / 07 / 2012
Transaction ID : SA11AI.12530

Amount of Each Receipt this Period
25.00

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 ▼
650.00

Date of Receipt
07 / 06 / 2012
Transaction ID : SA11AI.11891

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 ▼
700.00

Date of Receipt
07 / 20 / 2012
Transaction ID : SA11AI.12083

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 121 OF 131
	<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. Iris B Williams
Full Name (Last, First, Middle Initial)

Mailing Address 3733 Locke Ln

City Corpus Christi	State TX	Zip Code 78415
------------------------	-------------	-------------------

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

Name of Employer MBS Rehab	Occupation Director of Operations
-------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		07		2012

Transaction ID : SA11AI.12531

Amount of Each Receipt this Period

50.00

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

Mailing Address 3733 Locke Ln

City Corpus Christi	State TX	Zip Code 78415
------------------------	-------------	-------------------

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

Name of Employer MBS Rehab	Occupation Director of Operations
-------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		22		2012

Transaction ID : SA11AI.12695

Amount of Each Receipt this Period

50.00

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

Mailing Address 3733 Locke Ln

City Corpus Christi	State TX	Zip Code 78415
------------------------	-------------	-------------------

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

Name of Employer MBS Rehab	Occupation Director of Operations
-------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		07		2012

Transaction ID : SA11AI.13299

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 122 OF 131
	<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. Iris B Williams
Full Name (Last, First, Middle Initial)

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 ▼
900.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2012

Transaction ID : SA11AI.13741

Amount of Each Receipt this Period
50.00

B. Thomas Lloyd 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 ▼
520.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2012

Transaction ID : SA11AI.12033

Amount of Each Receipt this Period
40.00

C. Thomas Lloyd 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 ▼
560.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2012

Transaction ID : SA11AI.12032

Amount of Each Receipt this Period
40.00

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 123 OF 131
(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 Lloyd Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1703 W 5th St Ste 700
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Vice President, Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 15 / 2012
Transaction ID : SA11AI.12679
 Amount of Each Receipt this Period 40.00

B. Thomas Lloyd Lloyd Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1703 W 5th St Ste 700
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Vice President, Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11AI.13000
 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 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 ▼ 270.00

Date of Receipt 07 / 13 / 2012
Transaction ID : SA11AI.12035
 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 124 OF 131
(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. Troy Adam Yarborough
 Full Name (Last, First, Middle Initial)
 Mailing Address 1703 W 5th St Ste 700
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : SA11AI.12354
 Amount of Each Receipt this Period
 50.00

B. Troy Adam Yarborough
 Full Name (Last, First, Middle Initial)
 Mailing Address 1703 W 5th St Ste 700
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2012
Transaction ID : SA11AI.12680
 Amount of Each Receipt this Period
 50.00

C. Troy Adam Yarborough
 Full Name (Last, First, Middle Initial)
 Mailing Address 1703 W 5th St Ste 700
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.13002
 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 125 OF 131
<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. Troy Adam Yarborough
Full Name (Last, First, Middle Initial)
Mailing Address 1703 W 5th St Ste 700

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.13450

Amount of Each Receipt this Period
50.00

B. Troy Adam Yarborough
Full Name (Last, First, Middle Initial)
Mailing Address 1703 W 5th St Ste 700

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.13926

Amount of Each Receipt this Period
50.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	17254.00

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

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

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

Full Name (Last, First, Middle Initial)

A. CANSECO FOR CONGRESS

Mailing Address 10004 WURZBACH ROAD #366

City SAN ANTONIO State TX Zip Code 78230

Purpose of Disbursement
Political contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: TX District: 23

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB23.13763

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CASTRO FOR CONGRESS

Mailing Address PO BOX 544

City SAN ANTONIO State TX Zip Code 78292

Purpose of Disbursement
Political contribution

011
Category/
Type

Candidate Name

Mr. JOAQUIN CASTRO

Office Sought: House
 Senate
 President
State: TX District: 20

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB23.13931

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. MCCASKILL FOR MISSOURI 2012

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Voided check issued 6/1/12

011
Category/
Type

Candidate Name

CLAIRE MCCASKILL

Office Sought: House
 Senate
 President
State: MO District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB23.13929

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. TED CRUZ FOR SENATE

Mailing Address 815 A BRAZOS
PMB 550

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
Political contribution

011

Category/
Type

Candidate Name

TED RAFAEL EDWARD CRUZ

Office Sought: House
 Senate
 President
State: TX District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SB23.13795

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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)..... ▶

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

5000.00

5625.00

**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. Tony Dale

Mailing Address 104 Breakaway Rd

City Cedar Park State TX Zip Code 78613-6991

Purpose of Disbursement
Political contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
07 / 19 / 2012

Transaction ID : SB29.13767

Amount of Each Disbursement this Period
500.00

Full Name (Last, First, Middle Initial)

B. Drew Darby

Mailing Address PO Box 3284

City San Angelo State TX Zip Code 76902

Purpose of Disbursement
Political contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
09 / 20 / 2012

Transaction ID : SB29.13769

Amount of Each Disbursement this Period
1500.00

Full Name (Last, First, Middle Initial)

C. Sarah Davis

Mailing Address 4203 Tennyson

City Houston State TX Zip Code 77005

Purpose of Disbursement
Political contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
09 / 24 / 2012

Transaction ID : SB29.13771

Amount of Each Disbursement this Period
500.00

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

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

2500.00

**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. Rep. Lois W Kolkhorst

Mailing Address PO Box 2546

City Brenham State TX Zip Code 77834

Purpose of Disbursement
Political contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	2

Transaction ID : SB29.13773

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Mexican American Legislative Caucus

Mailing Address 202 West 13th St

City Austin State TX Zip Code 78701

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	2

Transaction ID : SB29.13775

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Sen. Robert Nichols

Mailing Address 214 E Commerce

City Jacksonville State TX Zip Code 75766

Purpose of Disbursement
Political contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.13777

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

2	3	0	0	0	0	0	0	0	0

2	3	0	0	0	0	0	0	0	0

**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. John Otto

Mailing Address PO Box 965

City Dayton State TX Zip Code 77535

Purpose of Disbursement
Political contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.13779

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Jose Rodriguez

Mailing Address 911 Dallas

City El Paso State TX Zip Code 79902

Purpose of Disbursement
Political contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.13781

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Ralph E Sheffield Jr.

Mailing Address 2907 S General Bruce Dr

City Temple State TX Zip Code 76504

Purpose of Disbursement
Political contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.13783

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

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

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

2	5	0	0	.	0	0
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5	0	0	.	0	0
---	---	---	---	---	---

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

Use separate schedule(s)
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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. TEXANS FOR CHARLES SCHWERTNER

Mailing Address PO BOX 2448

City State Zip Code
GEORGETOWN TX 78627

Purpose of Disbursement
Political contribution

011

Candidate Name
Dr. Charles Schwertner

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : **SB29.13785**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TEXANS FOR JOHN DAVIS

Mailing Address 1 E Greenway Plaza Ste 225

City State Zip Code
Houston TX 77046

Purpose of Disbursement
Political contribution

011

Candidate Name
John E Davis

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2012

Transaction ID : **SB29.13787**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Carlos I Uresti

Mailing Address 924 McCullough Ave

City State Zip Code
San Antonio TX 78215

Purpose of Disbursement
Political contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : **SB29.13789**

Amount of Each Disbursement this Period

500.00

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

2250.00

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

9550.00