

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.
Harden Healthcare LLC Federal PAC

ADDRESS (number and street)

 Check if different than previously reported. (ACC) TX

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

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 Nelda J Hunter

Signature of Treasurer Nelda J Hunter [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Harden Healthcare LLC Federal PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		54486.61
(b) Cash on Hand at Beginning of Reporting Period.....	54486.61	
(c) Total Receipts (from Line 19)	41063.12	41063.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	95549.73	95549.73
7. Total Disbursements (from Line 31).....	39850.00	39850.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	55699.73	55699.73
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: 01 / 01 / 2013 To: 06 / 30 / 2013

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).....	25190.00	25190.00
(ii) Unitemized	10873.12	10873.12
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	36063.12	36063.12
(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)	36063.12	36063.12
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.....	5000.00	5000.00
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))..... ▶	41063.12	41063.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	41063.12	41063.12

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	1850.00	1850.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1850.00	1850.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	13000.00
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	0.00
(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	0.00
29. Other Disbursements	25000.00	25000.00
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)) ..	39850.00	39850.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39850.00	39850.00

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)	36063.12	36063.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36063.12	36063.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1850.00	1850.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1850.00	1850.00

**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 186
	<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

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

Mailing Address 18821 Gold Dust Pass

City Pflugerville State TX Zip Code 78660

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
01 / 15 / 2013
Transaction ID : SA11AI.17607

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

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 ▼ 200.00

Date of Receipt
01 / 31 / 2013
Transaction ID : SA11AI.17885

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

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 ▼ 300.00

Date of Receipt
02 / 15 / 2013
Transaction ID : SA11AI.18158

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 7 OF 186
	<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"/>	<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
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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 28 / 2013
Transaction ID : SA11AI.18418
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
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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 15 / 2013
Transaction ID : SA11AI.18688
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
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 ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 29 / 2013
Transaction ID : SA11AI.18956
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 8 OF 186
<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

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 ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2013

Transaction ID : SA11AI.19219

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

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 ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.19482

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

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 ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2013

Transaction ID : SA11AI.19739

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 9 OF 186
(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. Brianna B Braden
 Full Name (Last, First, Middle Initial)
 Mailing Address 18821 Gold Dust Pass
 City Pflugerville State TX Zip Code 78660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Senior Vice President, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11AI.20001
 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
 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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : SA11AI.20259
 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
 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.20499
 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 186
(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 ▼
 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : SA11AI.17608

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 ▼
 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : SA11AI.17886

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 ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : SA11AI.18159

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 11 OF 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Wendi Bray
 Full Name (Last, First, Middle Initial)
 Mailing Address 15705 Edenderry Dr
 City Austin State TX Zip Code 78717
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : SA11AI.18419
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : SA11AI.18689
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : SA11AI.18957
 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 12 OF 186
	<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. 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 ▼ 700.00

Date of Receipt
04 / 15 / 2013
Transaction ID : SA11AI.19220
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 ▼ 800.00

Date of Receipt
04 / 30 / 2013
Transaction ID : SA11AI.19483
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 ▼ 900.00

Date of Receipt
05 / 15 / 2013
Transaction ID : SA11AI.19740
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 13 OF 186
<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 **1000.00**

Date of Receipt **05 / 31 / 2013**
Transaction ID : SA11AI.20003
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 **1100.00**

Date of Receipt **06 / 14 / 2013**
Transaction ID : SA11AI.20261
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 **1200.00**

Date of Receipt **06 / 28 / 2013**
Transaction ID : SA11AI.20501
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 14 OF 186
(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 ▼
 50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : SA11AI.17449

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 ▼
 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : SA11AI.17739

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 ▼
 150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2013
Transaction ID : SA11AI.18018

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 15 OF 186
(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 ▼
 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2013
Transaction ID : SA11AI.18288
 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 ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2013
Transaction ID : SA11AI.18553
 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 ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : SA11AI.18819
 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 16 OF 186
(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 ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2013
Transaction ID : SA11AI.19074

Amount of Each Receipt this Period
50.00

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 ▼
60.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 11 / 2013
Transaction ID : SA11AI.17592

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 ▼
120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : SA11AI.17872

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 186
(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. 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 ▼
180.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2013
Transaction ID : SA11AI.18144

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 ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : SA11AI.18420

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : SA11AI.18674

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 18 OF 186
	<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

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 ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2013

Transaction ID : SA11AI.18942

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 ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.19206

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 ▼ **480.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11AI.19468

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 19 OF 186
	<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

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 ▼ **540.00**

Date of Receipt
05 / 13 / 2013

Transaction ID : SA11AI.19725

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 ▼ **600.00**

Date of Receipt
05 / 28 / 2013

Transaction ID : SA11AI.19987

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 ▼ **660.00**

Date of Receipt
06 / 13 / 2013

Transaction ID : SA11AI.20245

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 20 OF 186
	<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

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 **720.00**

Date of Receipt: 06 / 28 / 2013
Transaction ID : SA11AI.20502
Amount of Each Receipt this Period: **60.00**

B. Stefanie L Cavanaugh
Full Name (Last, First, Middle Initial)
Mailing Address 12512 Deer Falls Dr
City Austin State TX Zip Code 78729
FEC ID number of contributing federal political committee. **C**
Name of Employer: Harden Healthcare Services Occupation: Finance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **200.00**

Date of Receipt: 01 / 15 / 2013
Transaction ID : SA11AI.17614
Amount of Each Receipt this Period: **200.00**

C. Stefanie L Cavanaugh
Full Name (Last, First, Middle Initial)
Mailing Address 12512 Deer Falls Dr
City Austin State TX Zip Code 78729
FEC ID number of contributing federal political committee. **C**
Name of Employer: Harden Healthcare Services Occupation: Finance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt: 01 / 31 / 2013
Transaction ID : SA11AI.17892
Amount of Each Receipt this Period: **200.00**

SUBTOTAL of Receipts This Page (optional).....	460.00
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 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

A. Stefanie L Cavanaugh
 Full Name (Last, First, Middle Initial)
 Mailing Address 12512 Deer Falls Dr
 City Austin State TX Zip Code 78729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : SA11Al.18164
 Amount of Each Receipt this Period
 200.00

B. Stefanie L Cavanaugh
 Full Name (Last, First, Middle Initial)
 Mailing Address 12512 Deer Falls Dr
 City Austin State TX Zip Code 78729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : SA11Al.18426
 Amount of Each Receipt this Period
 200.00

C. Stefanie L Cavanaugh
 Full Name (Last, First, Middle Initial)
 Mailing Address 12512 Deer Falls Dr
 City Austin State TX Zip Code 78729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : SA11Al.18696
 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 22 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

A. Stefanie L Cavanaugh
 Full Name (Last, First, Middle Initial)
 Mailing Address 12512 Deer Falls Dr
 City Austin State TX Zip Code 78729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : SA11AI.18963
 Amount of Each Receipt this Period
 200.00

B. Stefanie L Cavanaugh
 Full Name (Last, First, Middle Initial)
 Mailing Address 12512 Deer Falls Dr
 City Austin State TX Zip Code 78729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : SA11AI.19225
 Amount of Each Receipt this Period
 200.00

C. Stefanie L Cavanaugh
 Full Name (Last, First, Middle Initial)
 Mailing Address 12512 Deer Falls Dr
 City Austin State TX Zip Code 78729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : SA11AI.19488
 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: PAGE 23 OF 186
(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 ▼
 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.19747

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 ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11AI.20009

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 ▼
 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : SA11AI.20267

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 24 OF 186
<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. Stefanie L Cavanaugh		Date of Receipt M M / D D / Y Y Y Y Y 06 / 28 / 2013 Transaction ID : SA11AI.20508
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 ▼ 2400.00
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. Cathi Coney		Date of Receipt M M / D D / Y Y Y Y Y 01 / 07 / 2013 Transaction ID : SA11AI.17464
Mailing Address 7207 Nine Oaks Cv		Amount of Each Receipt this Period 25.00
City Austin State TX Zip Code 78759	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 25.00
Name of Employer MBS Pharmacy Occupation Vice President, Operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cathi Coney		Date of Receipt M M / D D / Y Y Y Y Y 01 / 22 / 2013 Transaction ID : SA11AI.17754
Mailing Address 7207 Nine Oaks Cv		Amount of Each Receipt this Period 25.00
City Austin State TX Zip Code 78759	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 50.00
Name of Employer MBS Pharmacy Occupation Vice President, Operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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 25 OF 186
(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 ▼
75.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 07 / 2013
Transaction ID : SA11AI.18031

Amount of Each Receipt this Period
25.00

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

Mailing Address 7207 Nine Oaks Cv

City State Zip Code
Austin TX 78759

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

Name of Employer Occupation
MBS Pharmacy Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 22 / 2013
Transaction ID : SA11AI.18301

Amount of Each Receipt this Period
25.00

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 ▼
125.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 07 / 2013
Transaction ID : SA11AI.18566

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 26 OF 186
	<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. Cathi Coney
Full Name (Last, First, Middle Initial)

Mailing Address 7207 Nine Oaks Cv

City Austin State TX Zip Code 78759

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

Name of Employer MBS Pharmacy Occupation Vice President, Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **150.00**

Date of Receipt **03 / 22 / 2013**

Transaction ID : SA11AI.18832

Amount of Each Receipt this Period **25.00**

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

Mailing Address 7207 Nine Oaks Cv

City Austin State TX Zip Code 78759

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

Name of Employer MBS Pharmacy Occupation Vice President, Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **175.00**

Date of Receipt **04 / 08 / 2013**

Transaction ID : SA11AI.19121

Amount of Each Receipt this Period **25.00**

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

Mailing Address 7207 Nine Oaks Cv

City Austin State TX Zip Code 78759

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

Name of Employer MBS Pharmacy Occupation Vice President, Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt **04 / 22 / 2013**

Transaction ID : SA11AI.19358

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 27 OF 186
(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			Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2013 Transaction ID : SA11AI.19615		
Mailing Address 7207 Nine Oaks Cv			Amount of Each Receipt this Period 25.00		
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: <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. Cathi Coney			Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2013 Transaction ID : SA11AI.19875		
Mailing Address 7207 Nine Oaks Cv			Amount of Each Receipt this Period 25.00		
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: <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. Cathi Coney			Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2013 Transaction ID : SA11AI.20132		
Mailing Address 7207 Nine Oaks Cv			Amount of Each Receipt this Period 25.00		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 186
	<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. Cathi Coney
Full Name (Last, First, Middle Initial)

Mailing Address 7207 Nine Oaks Cv

City Austin State TX Zip Code 78759

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

Name of Employer MBS Pharmacy Occupation Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.20385

Amount of Each Receipt this Period
25.00

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 ▼ **100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 15 / 2013

Transaction ID : SA11AI.17624

Amount of Each Receipt this Period
100.00

C. 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 ▼ **200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Transaction ID : SA11AI.17903

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. 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 **300.00**

Date of Receipt: 02 / 15 / 2013
Transaction ID : SA11AI.18174
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 **400.00**

Date of Receipt: 02 / 28 / 2013
Transaction ID : SA11AI.18437
Amount of Each Receipt this Period: 100.00

C. 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 **500.00**

Date of Receipt: 03 / 15 / 2013
Transaction ID : SA11AI.18708
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 30 OF 186
<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. 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 **600.00**

Date of Receipt: **03 / 29 / 2013**
Transaction ID : SA11AI.18975
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 **700.00**

Date of Receipt: **04 / 15 / 2013**
Transaction ID : SA11AI.19237
Amount of Each Receipt this Period: **100.00**

C. 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 **800.00**

Date of Receipt: **04 / 30 / 2013**
Transaction ID : SA11AI.19500
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 31 OF 186
(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. 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 **900.00**

Date of Receipt: **05 / 15 / 2013**
Transaction ID : SA11AI.19759
 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 **1000.00**

Date of Receipt: **05 / 31 / 2013**
Transaction ID : SA11AI.20021
 Amount of Each Receipt this Period: **100.00**

C. 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 **1100.00**

Date of Receipt: **06 / 14 / 2013**
Transaction ID : SA11AI.20279
 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 32 OF 186
<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. 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 **1200.00**

Date of Receipt: **06 / 28 / 2013**
Transaction ID : SA11AI.20521
Amount of Each Receipt this Period: **100.00**

B. Dianne B Edwards
Full Name (Last, First, Middle Initial)
Mailing Address 6600 Lands End Ct
City Fort Worth State TX Zip Code 76116
FEC ID number of contributing federal political committee. **C**
Name of Employer: TRISUN Healthcare Occupation: Nurse Consultant
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **25.00**

Date of Receipt: **01 / 15 / 2013**
Transaction ID : SA11AI.17627
Amount of Each Receipt this Period: **25.00**

C. Dianne B Edwards
Full Name (Last, First, Middle Initial)
Mailing Address 6600 Lands End Ct
City Fort Worth State TX Zip Code 76116
FEC ID number of contributing federal political committee. **C**
Name of Employer: TRISUN Healthcare Occupation: Nurse Consultant
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **50.00**

Date of Receipt: **01 / 31 / 2013**
Transaction ID : SA11AI.17906
Amount of Each Receipt this Period: **25.00**

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 33 OF 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dianne B Edwards
 Full Name (Last, First, Middle Initial)
 Mailing Address 6600 Lands End Ct
 City Fort Worth State TX Zip Code 76116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRISUN Healthcare Occupation Nurse Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 75.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : SA11AI.18177
 Amount of Each Receipt this Period
 25.00

B. Dianne B Edwards
 Full Name (Last, First, Middle Initial)
 Mailing Address 6600 Lands End Ct
 City Fort Worth State TX Zip Code 76116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRISUN Healthcare Occupation Nurse Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : SA11AI.18440
 Amount of Each Receipt this Period
 25.00

C. Dianne B Edwards
 Full Name (Last, First, Middle Initial)
 Mailing Address 6600 Lands End Ct
 City Fort Worth State TX Zip Code 76116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRISUN Healthcare Occupation Nurse Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 125.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : SA11AI.18711
 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 34 OF 186
<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="03"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Fort Worth	TX	76116
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.18978
TRISUN Healthcare	Nurse Consultant	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="150.00"/>	<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) B. Dianne B Edwards		Date of Receipt
Mailing Address 6600 Lands End Ct		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Fort Worth	TX	76116
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.19240
TRISUN Healthcare	Nurse Consultant	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="175.00"/>	<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) C. Dianne B Edwards		Date of Receipt
Mailing Address 6600 Lands End Ct		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Fort Worth	TX	76116
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.19503
TRISUN Healthcare	Nurse Consultant	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="200.00"/>	<input type="text" value="25.00"/>

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

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

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

FOR LINE NUMBER: PAGE 35 OF 186
(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. Dianne B Edwards

Mailing Address 6600 Lands End Ct

City Fort Worth State TX Zip Code 76116

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

Name of Employer TRISUN Healthcare Occupation Nurse Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 15 / 2013

Transaction ID : SA11AI.19762

Amount of Each Receipt this Period
25.00

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

Mailing Address 6600 Lands End Ct

City Fort Worth State TX Zip Code 76116

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

Name of Employer TRISUN Healthcare Occupation Nurse Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 31 / 2013

Transaction ID : SA11AI.20024

Amount of Each Receipt this Period
25.00

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

Mailing Address 6600 Lands End Ct

City Fort Worth State TX Zip Code 76116

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

Name of Employer TRISUN Healthcare Occupation Nurse Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 14 / 2013

Transaction ID : SA11AI.20282

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 36 OF 186
(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. 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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.20524

Amount of Each Receipt this Period
25.00

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 ▼
100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : SA11AI.17629

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 ▼
200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : SA11AI.17908

Amount of Each Receipt this Period
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 OF 186
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Scott Ellyson		Date of Receipt
Mailing Address 824 Stonewall Ridge		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code Austin TX 78746		Transaction ID : SA11AI.18179
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="300.00"/>	

Full Name (Last, First, Middle Initial) B. Scott Ellyson		Date of Receipt
Mailing Address 824 Stonewall Ridge		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City State Zip Code Austin TX 78746		Transaction ID : SA11AI.18442
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="400.00"/>	

Full Name (Last, First, Middle Initial) C. Scott Ellyson		Date of Receipt
Mailing Address 824 Stonewall Ridge		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code Austin TX 78746		Transaction ID : SA11AI.18713
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="500.00"/>	

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

**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 186
	<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

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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SA11AI.18980

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 ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2013

Transaction ID : SA11AI.19242

Amount of Each Receipt this Period
100.00

C. 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 ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.19505

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 39 OF 186
	<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. 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.19764

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11AI.20026

Amount of Each Receipt this Period
 100.00

C. 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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : SA11AI.20283

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 40 OF 186
<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. 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.20526

Amount of Each Receipt this Period
 100.00

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 ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : SA11AI.17474

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 ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : SA11AI.17763

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 41 OF 186
	<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. 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 ▼
150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2013

Transaction ID : SA11Al.18040

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 ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2013

Transaction ID : SA11Al.18310

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2013

Transaction ID : SA11Al.18575

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 42 OF 186
	<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. 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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 22 / 2013

Transaction ID : SA11AI.18841

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 05 / 2013

Transaction ID : SA11AI.19080

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 ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2013

Transaction ID : SA11AI.19367

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 43 OF 186
(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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2013
Transaction ID : SA11AI.19624
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2013
Transaction ID : SA11AI.19884
 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.20141
 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 44 OF 186
<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. 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 **600.00**

Date of Receipt **06 / 21 / 2013**
Transaction ID : SA11AI.20393
Amount of Each Receipt this Period **50.00**

B. 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 **50.00**

Date of Receipt **01 / 15 / 2013**
Transaction ID : SA11AI.17635
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 **100.00**

Date of Receipt **01 / 31 / 2013**
Transaction ID : SA11AI.17914
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 186
	<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. Patricia A (Tricia) Fox		Date of Receipt MM / DD / YYYY 02 / 15 / 2013 Transaction ID : SA11Al.18185
Mailing Address PO Box 190		Amount of Each Receipt this Period 50.00
City Florence	State TX	Zip Code 76527
FEC ID number of contributing federal political committee. C	Name of Employer Girling Home Health	Occupation Vice President, Rehab
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

Full Name (Last, First, Middle Initial) B. Patricia A (Tricia) Fox		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : SA11Al.18447
Mailing Address PO Box 190		Amount of Each Receipt this Period 50.00
City Florence	State TX	Zip Code 76527
FEC ID number of contributing federal political committee. C	Name of Employer Girling Home Health	Occupation Vice President, Rehab
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Patricia A (Tricia) Fox		Date of Receipt MM / DD / YYYY 03 / 15 / 2013 Transaction ID : SA11Al.18719
Mailing Address PO Box 190		Amount of Each Receipt this Period 50.00
City Florence	State TX	Zip Code 76527
FEC ID number of contributing federal political committee. C	Name of Employer Girling Home Health	Occupation Vice President, Rehab
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 46 OF 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Patricia A (Tricia) Fox

Mailing Address PO Box 190

City State Zip Code
Florence TX 76527

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

Name of Employer Occupation
Girling Home Health Vice President, Rehab

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
 03 / 29 / 2013
Transaction ID : SA11AI.18984

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 State Zip Code
Florence TX 76527

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

Name of Employer Occupation
Girling Home Health Vice President, Rehab

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
 04 / 15 / 2013
Transaction ID : SA11AI.19248

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 State Zip Code
Florence TX 76527

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

Name of Employer Occupation
Girling Home Health Vice President, Rehab

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
 04 / 30 / 2013
Transaction ID : SA11AI.19509

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 186
	<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 ▼ **450.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	15	/	2013

Transaction ID : SA11AI.19769

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 ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	31	/	2013

Transaction ID : SA11AI.20031

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 ▼ **550.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2013

Transaction ID : SA11AI.20288

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 48 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address PO Box 190

City State Zip Code
Florence TX 76527

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

Name of Employer Occupation
Girling Home Health Vice President, Rehab

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2013

Transaction ID : SA11AI.20531

Amount of Each Receipt this Period
75.00

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

Mailing Address 555 E 5th St Apt 2819

City State Zip Code
Austin TX 78703

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

Name of Employer Occupation
Harden Healthcare Services Chief Compliance Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2013

Transaction ID : SA11AI.17639

Amount of Each Receipt this Period
25.00

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

Mailing Address 555 E 5th St Apt 2819

City State Zip Code
Austin TX 78703

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

Name of Employer Occupation
Harden Healthcare Services Chief Compliance Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2013

Transaction ID : SA11AI.17918

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 49 OF 186
	<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

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 ▼ 75.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : SA11AI.18189
 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 ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : SA11AI.18451
 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 ▼ 125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : SA11AI.18723
 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 186
<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. 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 ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : SA11AI.18989
 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 ▼ 175.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : SA11AI.19253
 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 ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : SA11AI.19513
 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 51 OF 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Lori Don McNamee Gregory

Mailing Address 555 E 5th St Apt 2819

City State Zip Code
Austin TX 78703

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

Name of Employer Occupation
Harden Healthcare Services Chief Compliance Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.19774

Amount of Each Receipt this Period
25.00

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

Mailing Address 555 E 5th St Apt 2819

City State Zip Code
Austin TX 78703

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

Name of Employer Occupation
Harden Healthcare Services Chief Compliance Officer

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
 05 / 31 / 2013
Transaction ID : SA11AI.20036

Amount of Each Receipt this Period
25.00

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

Mailing Address 555 E 5th St Apt 2819

City State Zip Code
Austin TX 78703

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

Name of Employer Occupation
Harden Healthcare Services Chief Compliance Officer

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
 06 / 14 / 2013
Transaction ID : SA11AI.20293

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 186
	<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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.20535
 Amount of Each Receipt this Period
 25.00

B. 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 ▼ 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : SA11AI.17485
 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 ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : SA11AI.17774
 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 53 OF 186
	(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

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. Elaine Hall		Date of Receipt
Mailing Address 6480 County Road 321		<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City Blanket State TX Zip Code 76432		Transaction ID : SA11Al.18051
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Lighthouse Hospice Occupation Administrator		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="75.00"/>	

Full Name (Last, First, Middle Initial) B. Elaine Hall		Date of Receipt
Mailing Address 6480 County Road 321		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City Blanket State TX Zip Code 76432		Transaction ID : SA11Al.18322
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Lighthouse Hospice Occupation Administrator		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="100.00"/>	

Full Name (Last, First, Middle Initial) C. Elaine Hall		Date of Receipt
Mailing Address 6480 County Road 321		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City Blanket State TX Zip Code 76432		Transaction ID : SA11Al.18585
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Lighthouse Hospice Occupation Administrator		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="125.00"/>	

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

**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 186
<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. Elaine Hall		Date of Receipt MM / DD / YYYY 03 / 22 / 2013 Transaction ID : SA11AI.18852
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		Amount of Each Receipt this Period 25.00
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 ▼ 150.00	

Full Name (Last, First, Middle Initial) B. Elaine Hall		Date of Receipt MM / DD / YYYY 04 / 05 / 2013 Transaction ID : SA11AI.19085
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		Amount of Each Receipt this Period 25.00
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 ▼ 175.00	

Full Name (Last, First, Middle Initial) C. Elaine Hall		Date of Receipt MM / DD / YYYY 04 / 22 / 2013 Transaction ID : SA11AI.19378
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		Amount of Each Receipt this Period 25.00
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 ▼ 200.00	

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 55 OF 186
(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 ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2013

Transaction ID : SA11AI.19635

Amount of Each Receipt this Period
25.00

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 ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2013

Transaction ID : SA11AI.19895

Amount of Each Receipt this Period
25.00

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

Mailing Address 6480 County Road 321

City Blanket State TX Zip Code 76432

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

Name of Employer Lighthouse Hospice Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2013

Transaction ID : SA11AI.20152

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 56 OF 186
(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 State Zip Code
Blanket TX 76432

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

Name of Employer Occupation
Lighthouse Hospice Administrator

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
 06 / 21 / 2013
Transaction ID : SA11AI.20404

Amount of Each Receipt this Period
25.00

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 ▼
50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : SA11AI.17644

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 ▼
100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : SA11AI.17922

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 57 OF 186
	<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. Eric J Hansum

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 ▼
150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : SA11AI.18193

Amount of Each Receipt this Period
50.00

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

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 ▼
200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : SA11AI.18455

Amount of Each Receipt this Period
50.00

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

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 ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : SA11AI.18727

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 58 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : SA11AI.18993
 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 ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : SA11AI.19257
 Amount of Each Receipt this Period
 50.00

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 ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : SA11AI.19517
 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 59 OF 186
	<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. 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.19778

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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11AI.20040

Amount of Each Receipt this Period
 50.00

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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : SA11AI.20297

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 60 OF 186
<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. Eric J Hansum

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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

Transaction ID : SA11AI.20539

Amount of Each Receipt this Period

100.00	50.00
--------	-------

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

Mailing Address 494 Countryside Dr

City Rolla	State MO	Zip Code 65401
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	07	/	2013

Transaction ID : SA11AI.17489

Amount of Each Receipt this Period

25.00

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

Mailing Address 494 Countryside Dr

City Rolla	State MO	Zip Code 65401
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2013

Transaction ID : SA11AI.17776

Amount of Each Receipt this Period

25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 186
<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 **75.00**

Date of Receipt: **02 / 07 / 2013**
Transaction ID : SA11AI.18053
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 **100.00**

Date of Receipt: **02 / 22 / 2013**
Transaction ID : SA11AI.18324
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 **125.00**

Date of Receipt: **03 / 07 / 2013**
Transaction ID : SA11AI.18587
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 62 OF 186
	<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. Tina Hilmas

Mailing Address 494 Countryside Dr

City Rolla State MO Zip Code 65401

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

Name of Employer Occupation
Girling Community Care Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
03 / 22 / 2013
Transaction ID : SA11AI.18854

Amount of Each Receipt this Period
25.00

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

Mailing Address 494 Countryside Dr

City Rolla State MO Zip Code 65401

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

Name of Employer Occupation
Girling Community Care Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
175.00

Date of Receipt
04 / 05 / 2013
Transaction ID : SA11AI.19086

Amount of Each Receipt this Period
25.00

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

Mailing Address 494 Countryside Dr

City Rolla State MO Zip Code 65401

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

Name of Employer Occupation
Girling Community Care Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
04 / 22 / 2013
Transaction ID : SA11AI.19380

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 63 OF 186
(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. Tina Hilmas

Mailing Address 494 Countryside Dr

City Rolla State MO Zip Code 65401

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

Name of Employer Occupation
Girling Community Care Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2013
Transaction ID : SA11AI.19637

Amount of Each Receipt this Period
25.00

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

Mailing Address 494 Countryside Dr

City Rolla State MO Zip Code 65401

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

Name of Employer Occupation
Girling Community Care Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2013
Transaction ID : SA11AI.19897

Amount of Each Receipt this Period
25.00

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

Mailing Address 494 Countryside Dr

City Rolla State MO Zip Code 65401

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

Name of Employer Occupation
Girling Community Care Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.20154

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 64 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Tina Hilmas		Date of Receipt
Mailing Address 494 Countryside Dr		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rolla	MO	65401
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.20406
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Girling Community Care	Director of Nursing	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Chelsea M Holden		Date of Receipt
Mailing Address 1703 W. 5th Street, Ste. 700		<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Austin	TX	78703
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.17650
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Harden Healthcare Services	Government Relations Liaison	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="25.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Chelsea M Holden		Date of Receipt
Mailing Address 1703 W. 5th Street, Ste. 700		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Austin	TX	78703
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.17928
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Harden Healthcare Services	Government Relations Liaison	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="50.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 186
<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
Mailing Address 1703 W. 5th Street, Ste. 700		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code Austin TX 78703		Transaction ID : SA11AI.18199
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
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) ▼	Aggregate Year-to-Date ▼ <input type="text" value="70.00"/>	

Full Name (Last, First, Middle Initial) B. Chelsea M Holden		Date of Receipt
Mailing Address 1703 W. 5th Street, Ste. 700		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City State Zip Code Austin TX 78703		Transaction ID : SA11AI.18462
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
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) ▼	Aggregate Year-to-Date ▼ <input type="text" value="90.00"/>	

Full Name (Last, First, Middle Initial) C. Chelsea M Holden		Date of Receipt
Mailing Address 1703 W. 5th Street, Ste. 700		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code Austin TX 78703		Transaction ID : SA11AI.18733
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
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) ▼	Aggregate Year-to-Date ▼ <input type="text" value="110.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 186
<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. Chelsea M Holden
Full Name (Last, First, Middle Initial)

Mailing Address 1703 W. 5th Street, Ste. 700

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

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 ▼ **130.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SA11AI.18999

Amount of Each Receipt this Period

20.00

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

Mailing Address 1703 W. 5th Street, Ste. 700

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

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 ▼ **150.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2013

Transaction ID : SA11AI.19265

Amount of Each Receipt this Period

20.00

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

Mailing Address 1703 W. 5th Street, Ste. 700

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

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 ▼ **170.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

Transaction ID : SA11AI.19523

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 67 OF 186
<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
Mailing Address 1703 W. 5th Street, Ste. 700		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code Austin TX 78703		Transaction ID : SA11AI.19786
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
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) ▼	Aggregate Year-to-Date ▼ <input type="text" value="190.00"/>	

Full Name (Last, First, Middle Initial) B. Chelsea M Holden		Date of Receipt
Mailing Address 1703 W. 5th Street, Ste. 700		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City State Zip Code Austin TX 78703		Transaction ID : SA11AI.20046
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
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) ▼	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) C. Chelsea M Holden		Date of Receipt
Mailing Address 1703 W. 5th Street, Ste. 700		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City State Zip Code Austin TX 78703		Transaction ID : SA11AI.20303
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
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) ▼	Aggregate Year-to-Date ▼ <input type="text" value="230.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 186
<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 06 / 28 / 2013 Transaction ID : SA11AI.20545
Mailing Address 1703 W. 5th Street, Ste. 700		Amount of Each Receipt this Period 20.00
City Austin	State TX	
Zip Code 78703		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Harden Healthcare Services	Occupation Government Relations Liaison	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Maxzine Holliday		Date of Receipt MM / DD / YYYY 01 / 07 / 2013 Transaction ID : SA11AI.17490
Mailing Address 6116 Sulfur Spring Dr		Amount of Each Receipt this Period 40.00
City Killeen	State TX	
Zip Code 76542		Aggregate Year-to-Date ▼ 40.00
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) ▼		

Full Name (Last, First, Middle Initial) C. Maxzine Holliday		Date of Receipt MM / DD / YYYY 01 / 22 / 2013 Transaction ID : SA11AI.17777
Mailing Address 6116 Sulfur Spring Dr		Amount of Each Receipt this Period 40.00
City Killeen	State TX	
Zip Code 76542		Aggregate Year-to-Date ▼ 80.00
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) ▼		

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 69 OF 186
<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		Date of Receipt
Mailing Address 6116 Sulfur Spring Dr		<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City Killeen	State TX	Zip Code 76542
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18054
Name of Employer TRISUN Healthcare		Amount of Each Receipt this Period
Occupation Director of Nursing		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="120.00"/>		

Full Name (Last, First, Middle Initial) B. Maxzine Holliday		Date of Receipt
Mailing Address 6116 Sulfur Spring Dr		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City Killeen	State TX	Zip Code 76542
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18325
Name of Employer TRISUN Healthcare		Amount of Each Receipt this Period
Occupation Director of Nursing		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="160.00"/>		

Full Name (Last, First, Middle Initial) C. Maxzine Holliday		Date of Receipt
Mailing Address 6116 Sulfur Spring Dr		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City Killeen	State TX	Zip Code 76542
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18588
Name of Employer TRISUN Healthcare		Amount of Each Receipt this Period
Occupation Director of Nursing		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="200.00"/>		

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

**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 186
<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. Maxzine Holliday		Date of Receipt
Mailing Address 6116 Sulfur Spring Dr		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City Killeen	State TX	Zip Code 76542
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18855
Name of Employer TRISUN Healthcare		Amount of Each Receipt this Period
Occupation Director of Nursing		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) B. Maxzine Holliday		Date of Receipt
Mailing Address 6116 Sulfur Spring Dr		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City Killeen	State TX	Zip Code 76542
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.19135
Name of Employer TRISUN Healthcare		Amount of Each Receipt this Period
Occupation Director of Nursing		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) C. Maxzine Holliday		Date of Receipt
Mailing Address 6116 Sulfur Spring Dr		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City Killeen	State TX	Zip Code 76542
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.19381
Name of Employer TRISUN Healthcare		Amount of Each Receipt this Period
Occupation Director of Nursing		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="320.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 OF 186
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. 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 ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2013

Transaction ID : SA11AI.19638

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
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2013

Transaction ID : SA11AI.19898

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
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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 ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.20155

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 72 OF 186
<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 ▼ **480.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.20407

Amount of Each Receipt this Period

90.00	480.00
-------	--------

Full Name (Last, First, Middle Initial)
B. Nelda J Hunter

Mailing Address 1703 W. 5th Street, Ste. 700

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

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

Name of Employer HardenHealthcare	Occupation VP of Public Affairs
--------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2013

Transaction ID : SA11AI.17654

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
C. Nelda J Hunter

Mailing Address 1703 W. 5th Street, Ste. 700

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

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

Name of Employer HardenHealthcare	Occupation VP of Public Affairs
--------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

Transaction ID : SA11AI.17931

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 73 OF 186
<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. Nelda J Hunter		Date of Receipt MM / DD / YYYY 02 / 15 / 2013 Transaction ID : SA11AI.18202
Mailing Address 1703 W. 5th Street, Ste. 700		Amount of Each Receipt this Period 25.00
City Austin	State TX	
Zip Code 78703	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 75.00
Name of Employer HardenHealthcare	Occupation VP of Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Nelda J Hunter		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : SA11AI.18466
Mailing Address 1703 W. 5th Street, Ste. 700		Amount of Each Receipt this Period 25.00
City Austin	State TX	
Zip Code 78703	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 100.00
Name of Employer HardenHealthcare	Occupation VP of Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Nelda J Hunter		Date of Receipt MM / DD / YYYY 03 / 15 / 2013 Transaction ID : SA11AI.18736
Mailing Address 1703 W. 5th Street, Ste. 700		Amount of Each Receipt this Period 25.00
City Austin	State TX	
Zip Code 78703	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 125.00
Name of Employer HardenHealthcare	Occupation VP of Public Affairs	
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 74 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

A. Nelda J Hunter
Full Name (Last, First, Middle Initial)

Mailing Address 1703 W. 5th Street, Ste. 700

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

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

Name of Employer HardenHealthcare	Occupation VP of Public Affairs
--------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SA11AI.19002

Amount of Each Receipt this Period
25.00

B. Nelda J Hunter
Full Name (Last, First, Middle Initial)

Mailing Address 1703 W. 5th Street, Ste. 700

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

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

Name of Employer HardenHealthcare	Occupation VP of Public Affairs
--------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
175.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2013

Transaction ID : SA11AI.19268

Amount of Each Receipt this Period
25.00

C. Nelda J Hunter
Full Name (Last, First, Middle Initial)

Mailing Address 1703 W. 5th Street, Ste. 700

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

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

Name of Employer HardenHealthcare	Occupation VP of Public Affairs
--------------------------------------	------------------------------------

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
04	/	30	/	2013

Transaction ID : SA11AI.19526

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 75 OF 186
<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. Nelda J Hunter
Full Name (Last, First, Middle Initial)
Mailing Address 1703 W. 5th Street, Ste. 700

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

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

Name of Employer HardenHealthcare	Occupation VP of Public Affairs
--------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2013

Transaction ID : SA11AI.19789

Amount of Each Receipt this Period
25.00

B. Nelda J Hunter
Full Name (Last, First, Middle Initial)
Mailing Address 1703 W. 5th Street, Ste. 700

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

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

Name of Employer HardenHealthcare	Occupation VP of Public Affairs
--------------------------------------	------------------------------------

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
05	/	31	/	2013

Transaction ID : SA11AI.20049

Amount of Each Receipt this Period
25.00

C. Nelda J Hunter
Full Name (Last, First, Middle Initial)
Mailing Address 1703 W. 5th Street, Ste. 700

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

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

Name of Employer HardenHealthcare	Occupation VP of Public Affairs
--------------------------------------	------------------------------------

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
06	/	14	/	2013

Transaction ID : SA11AI.20305

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 76 OF 186
(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. Kelly Ann Jalowiec

Mailing Address 1410 W Fillmore St

City Chicago State IL Zip Code 60607

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

Name of Employer Occupation
Girling Home Health Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : SA11AI.17655

Amount of Each Receipt this Period
75.00

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

Mailing Address 1410 W Fillmore St

City Chicago State IL Zip Code 60607

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

Name of Employer Occupation
Girling Home Health Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : SA11AI.17932

Amount of Each Receipt this Period
75.00

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

Mailing Address 1410 W Fillmore St

City Chicago State IL Zip Code 60607

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

Name of Employer Occupation
Girling Home Health Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : SA11AI.18203

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: PAGE 77 OF 186
(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. Kelly Ann Jalowiec

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 ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : SA11Al.18467

Amount of Each Receipt this Period
75.00

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

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 ▼ **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 15 / 2013

Transaction ID : SA11Al.18737

Amount of Each Receipt this Period
75.00

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

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 ▼ **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SA11Al.19003

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 78 OF 186
	<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. Kelly Ann Jalowiec			Date of Receipt MM / DD / YYYY 04 / 15 / 2013 Transaction ID : SA11AI.19269
Mailing Address 1410 W Fillmore St			Amount of Each Receipt this Period 75.00
City Chicago	State IL	Zip Code 60607	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 525.00	
Name of Employer Girling Home Health		Occupation Vice President, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Kelly Ann Jalowiec			Date of Receipt MM / DD / YYYY 04 / 30 / 2013 Transaction ID : SA11AI.19527
Mailing Address 1410 W Fillmore St			Amount of Each Receipt this Period 75.00
City Chicago	State IL	Zip Code 60607	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00	
Name of Employer Girling Home Health		Occupation Vice President, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Kelly Ann Jalowiec			Date of Receipt MM / DD / YYYY 05 / 15 / 2013 Transaction ID : SA11AI.19790
Mailing Address 1410 W Fillmore St			Amount of Each Receipt this Period 75.00
City Chicago	State IL	Zip Code 60607	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 675.00	
Name of Employer Girling Home Health		Occupation Vice President, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 79 OF 186
(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. Kelly Ann Jalowiec

Mailing Address 1410 W Fillmore St

City Chicago State IL Zip Code 60607

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

Name of Employer Occupation
Girling Home Health Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11AI.20050

Amount of Each Receipt this Period
75.00

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

Mailing Address 1410 W Fillmore St

City Chicago State IL Zip Code 60607

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

Name of Employer Occupation
Girling Home Health Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : SA11AI.20306

Amount of Each Receipt this Period
75.00

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

Mailing Address 1410 W Fillmore St

City Chicago State IL Zip Code 60607

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

Name of Employer Occupation
Girling Home Health Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.20548

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 80 OF 186
<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. 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 **25.00**

Date of Receipt: **01 / 15 / 2013**
Transaction ID : SA11AI.17657
 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 **50.00**

Date of Receipt: **01 / 31 / 2013**
Transaction ID : SA11AI.17934
 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 **75.00**

Date of Receipt: **02 / 15 / 2013**
Transaction ID : SA11AI.18205
 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 81 OF 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Lakishia Lanette Jawdjee

Mailing Address 5735 Tiger Lilly Way

City State Zip Code
Houston TX 77085

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

Name of Employer Occupation
Girling Community Care Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : SA11AI.18469

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Lakishia Lanette Jawdjee

Mailing Address 5735 Tiger Lilly Way

City State Zip Code
Houston TX 77085

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

Name of Employer Occupation
Girling Community Care Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : SA11AI.18739

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Lakishia Lanette Jawdjee

Mailing Address 5735 Tiger Lilly Way

City State Zip Code
Houston TX 77085

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

Name of Employer Occupation
Girling Community Care Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : SA11AI.19004

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 82 OF 186
	<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

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 **175.00**

Date of Receipt: **04 / 15 / 2013**
Transaction ID : SA11AI.19270
 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 **200.00**

Date of Receipt: **04 / 30 / 2013**
Transaction ID : SA11AI.19528
 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 **225.00**

Date of Receipt: **05 / 15 / 2013**
Transaction ID : SA11AI.19791
 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 83 OF 186
<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. Lakishia Lanette Jawdjee		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2013 Transaction ID : SA11AI.20051
Mailing Address 5735 Tiger Lilly Way		Amount of Each Receipt this Period 25.00
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: <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) B. Lakishia Lanette Jawdjee		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 14 / 2013 Transaction ID : SA11AI.20307
Mailing Address 5735 Tiger Lilly Way		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Lakishia Lanette Jawdjee		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2013 Transaction ID : SA11AI.20549
Mailing Address 5735 Tiger Lilly Way		Amount of Each Receipt this Period 25.00
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: <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).....▶	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 84 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 ▼
25.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : SA11AI.17503

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 ▼
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2013
Transaction ID : SA11AI.19651

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 ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2013
Transaction ID : SA11AI.19911

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 85 OF 186
<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 ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.20168

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.20420

Amount of Each Receipt this Period
25.00

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

Mailing Address 285 E Summit Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2013

Transaction ID : SA11AI.17661

Amount of Each Receipt this Period
125.00

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 86 OF 186
<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. 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 ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

Transaction ID : SA11AI.17938

Amount of Each Receipt this Period

100.00

B. 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 ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : SA11AI.18209

Amount of Each Receipt this Period

100.00

C. 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 ▼ **425.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : SA11AI.18473

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 87 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Diane Kenyon
Full Name (Last, First, Middle Initial)
Mailing Address 285 E Summit Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2013

Transaction ID : SA11AI.18743

Amount of Each Receipt this Period

100.00

B. 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 ▼ **625.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SA11AI.19008

Amount of Each Receipt this Period

100.00

C. 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 ▼ **725.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2013

Transaction ID : SA11AI.19274

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 88 OF 186
<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. 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 ▼ **825.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

Transaction ID : SA11AI.19532

Amount of Each Receipt this Period

100.00

B. 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 ▼ **925.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2013

Transaction ID : SA11AI.19795

Amount of Each Receipt this Period

100.00

C. 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 ▼ **1025.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : SA11AI.20055

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 89 OF 186
(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 ▼
1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : SA11AI.20311

Amount of Each Receipt this Period
100.00

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 ▼
1225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.20553

Amount of Each Receipt this Period
100.00

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

Mailing Address 9513 Prescott Dr

City State Zip Code
Austin TX 78749

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

Name of Employer Occupation
Harden Healthcare President, Leadership Development Inst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : SA11AI.17666

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 90 OF 186
<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. 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 ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

Transaction ID : SA11AI.17943

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : SA11AI.18214

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : SA11AI.18478

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 91 OF 186
<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. 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 ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2013

Transaction ID : SA11AI.18748

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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SA11AI.19013

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 ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2013

Transaction ID : SA11AI.19279

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 92 OF 186
	<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 ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.19537

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 ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2013

Transaction ID : SA11AI.19800

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 ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : SA11AI.20060

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 93 OF 186
<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. Kimberly A Layton		Date of Receipt M M / D D / Y Y Y Y Y 06 / 14 / 2013 Transaction ID : SA11AI.20316
Mailing Address 9513 Prescott Dr		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee.	C	
Name of Employer Harden Healthcare	Occupation President, Leadership Development Inst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. Kimberly A Layton		Date of Receipt M M / D D / Y Y Y Y Y 06 / 28 / 2013 Transaction ID : SA11AI.20558
Mailing Address 9513 Prescott Dr		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee.	C	
Name of Employer Harden Healthcare	Occupation President, Leadership Development Inst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. George Ledbetter		Date of Receipt M M / D D / Y Y Y Y Y 01 / 15 / 2013 Transaction ID : SA11AI.17668
Mailing Address 1620 Elder Hill Rd		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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: (check only one)	PAGE 94 OF 186
<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
-------------------	-------------	-------------------

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 ▼ **100.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

Transaction ID : SA11Al.17946

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 ▼ **150.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : SA11Al.18216

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 ▼ **200.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : SA11Al.18479

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 95 OF 186
<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
-------------------	-------------	-------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2013

Transaction ID : SA11AI.18749

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
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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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SA11AI.19014

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2013

Transaction ID : SA11AI.19280

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 96 OF 186
(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 ▼
400.00

Date of Receipt
 / /
 04 / 30 / 2013
Transaction ID : SA11AI.19538

Amount of Each Receipt this Period
50.00

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

Mailing Address 1620 Elder Hill Rd

City State Zip Code
Driftwood TX 78619

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

Name of Employer Occupation
Girling Community Care General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 / /
 05 / 15 / 2013
Transaction ID : SA11AI.19801

Amount of Each Receipt this Period
50.00

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

Date of Receipt
 / /
 05 / 31 / 2013
Transaction ID : SA11AI.20061

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 97 OF 186
<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

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 ▼ **550.00**

Date of Receipt: **06 / 14 / 2013**

Transaction ID : SA11AI.20317

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 ▼ **600.00**

Date of Receipt: **06 / 28 / 2013**

Transaction ID : SA11AI.20559

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 ▼ **50.00**

Date of Receipt: **01 / 15 / 2013**

Transaction ID : SA11AI.17671

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 98 OF 186
<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. William Thomas Linder Jr.		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 Transaction ID : SA11AI.17948
Mailing Address 1703 W 5th St		Amount of Each Receipt this Period 50.00
City Austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	
Name of Employer: Girling Home Health Occupation: Vice President, Home Health Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00

Full Name (Last, First, Middle Initial) B. William Thomas Linder Jr.		Date of Receipt MM / DD / YYYY 02 / 15 / 2013 Transaction ID : SA11AI.18218
Mailing Address 1703 W 5th St		Amount of Each Receipt this Period 50.00
City Austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	
Name of Employer: Girling Home Health Occupation: Vice President, Home Health Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00

Full Name (Last, First, Middle Initial) C. William Thomas Linder Jr.		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : SA11AI.18481
Mailing Address 1703 W 5th St		Amount of Each Receipt this Period 50.00
City Austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	
Name of Employer: Girling Home Health Occupation: Vice President, Home Health Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00

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 99 OF 186
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	<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. William Thomas Linder Jr.		Date of Receipt
Mailing Address 1703 W 5th St		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Austin	TX	78703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.18751
Name of Employer	Occupation	Amount of Each Receipt this Period
Girling Home Health	Vice President, Home Health Sales	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<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="03"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Austin	TX	78703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.19016
Name of Employer	Occupation	Amount of Each Receipt this Period
Girling Home Health	Vice President, Home Health Sales	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<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="04"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Austin	TX	78703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.19282
Name of Employer	Occupation	Amount of Each Receipt this Period
Girling Home Health	Vice President, Home Health Sales	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 100 OF 186
<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

M M	/	D D	/	Y Y Y Y
04	/	30	/	2013

Transaction ID : SA11AI.19540

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 ▼ **450.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	15	/	2013

Transaction ID : SA11AI.19803

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 ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	31	/	2013

Transaction ID : SA11AI.20063

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 101 OF 186
(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. William Thomas Linder Jr.

Mailing Address 1703 W 5th St

City State Zip Code
Austin TX 78703

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : SA11AI.20319

Amount of Each Receipt this Period
50.00

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

Mailing Address 1703 W 5th St

City State Zip Code
Austin TX 78703

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.20561

Amount of Each Receipt this Period
50.00

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

Mailing Address 8820 Colberg Dr

City State Zip Code
Austin TX 78749

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

Name of Employer Occupation
Harden Healthcare Director of Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : SA11AI.17674

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 102 OF 186
<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		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 Transaction ID : SA11AI.17951
Mailing Address 8820 Colberg Dr		Amount of Each Receipt this Period 25.00
City Austin State TX Zip Code 78749	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 50.00
Name of Employer Harden Healthcare Occupation Director of Internal Audit	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Maria A MacKeil		Date of Receipt MM / DD / YYYY 02 / 15 / 2013 Transaction ID : SA11AI.18221
Mailing Address 8820 Colberg Dr		Amount of Each Receipt this Period 25.00
City Austin State TX Zip Code 78749	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 75.00
Name of Employer Harden Healthcare Occupation Director of Internal Audit	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Maria A MacKeil		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : SA11AI.18484
Mailing Address 8820 Colberg Dr		Amount of Each Receipt this Period 25.00
City Austin State TX Zip Code 78749	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 100.00
Name of Employer Harden Healthcare Occupation Director of Internal Audit	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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 186
	<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 ▼ **125.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2013

Transaction ID : SA11AI.18754

Amount of Each Receipt this Period
25.00

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 ▼ **150.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SA11AI.19019

Amount of Each Receipt this Period
25.00

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 ▼ **175.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2013

Transaction ID : SA11AI.19285

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 104 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Maria A MacKeil		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 Transaction ID : SA11AI.19542
Mailing Address 8820 Colberg Dr		Amount of Each Receipt this Period 25.00
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. C	Name of Employer Harden Healthcare	Occupation Director of Internal Audit
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Maria A MacKeil		Date of Receipt MM / DD / YYYY 05 / 15 / 2013 Transaction ID : SA11AI.19805
Mailing Address 8820 Colberg Dr		Amount of Each Receipt this Period 25.00
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. C	Name of Employer Harden Healthcare	Occupation Director of Internal Audit
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Maria A MacKeil		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : SA11AI.20065
Mailing Address 8820 Colberg Dr		Amount of Each Receipt this Period 25.00
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. C	Name of Employer Harden Healthcare	Occupation Director of Internal Audit
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 186
<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 ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 14 / 2013

Transaction ID : SA11AI.20321

Amount of Each Receipt this Period
25.00

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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2013

Transaction ID : SA11AI.20563

Amount of Each Receipt this Period
25.00

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

Mailing Address 5404 Agatha Cir

City Austin State TX Zip Code 78724

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

Name of Employer Harden Healthcare Services Occupation PMO Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **20.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 15 / 2013

Transaction ID : SA11AI.17683

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: (check only one)	PAGE 106 OF 186
<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. 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 ▼ **40.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

Transaction ID : SA11AI.17959

Amount of Each Receipt this Period

20.00

B. 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 ▼ **60.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : SA11AI.18231

Amount of Each Receipt this Period

20.00

C. Deborah Morgan
Full Name (Last, First, Middle Initial)
Mailing Address 5404 Agatha Cir

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **80.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : SA11AI.18494

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: PAGE 107 OF 186
(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. Deborah Morgan

Mailing Address 5404 Agatha Cir

City Austin State TX Zip Code 78724

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

Name of Employer Harden Healthcare Services Occupation PMO Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
03 / 15 / 2013
Transaction ID : SA11AI.18763

Amount of Each Receipt this Period
20.00

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

Mailing Address 5404 Agatha Cir

City Austin State TX Zip Code 78724

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

Name of Employer Harden Healthcare Services Occupation PMO Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.00

Date of Receipt
03 / 29 / 2013
Transaction ID : SA11AI.19028

Amount of Each Receipt this Period
20.00

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

Mailing Address 5404 Agatha Cir

City Austin State TX Zip Code 78724

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

Name of Employer Harden Healthcare Services Occupation PMO Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
140.00

Date of Receipt
04 / 15 / 2013
Transaction ID : SA11AI.19295

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 108 OF 186
<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 04 / 30 / 2013 Transaction ID : SA11AI.19551
Mailing Address 5404 Agatha Cir		Amount of Each Receipt this Period 20.00
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 ▼ 160.00

Full Name (Last, First, Middle Initial) B. Deborah Morgan		Date of Receipt MM / DD / YYYY 05 / 15 / 2013 Transaction ID : SA11AI.19814
Mailing Address 5404 Agatha Cir		Amount of Each Receipt this Period 20.00
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 ▼ 180.00

Full Name (Last, First, Middle Initial) C. Deborah Morgan		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : SA11AI.20074
Mailing Address 5404 Agatha Cir		Amount of Each Receipt this Period 20.00
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 ▼ 200.00

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 109 OF 186
<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

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 ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 14 / 2013

Transaction ID : SA11AI.20329

Amount of Each Receipt this Period
20.00

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

Mailing Address 5404 Agatha Cir

City Austin State TX Zip Code 78724

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

Name of Employer Harden Healthcare Services Occupation PMO Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2013

Transaction ID : SA11AI.20573

Amount of Each Receipt this Period
20.00

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 ▼ **25.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 07 / 2013

Transaction ID : SA11AI.17536

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 110 OF 186
<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. Victoria Palm		Date of Receipt
Mailing Address 3507 Abrazo		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City San Antonio State TX Zip Code 78247		Transaction ID : SA11AI.17967
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 Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="50.00"/>	

Full Name (Last, First, Middle Initial) B. Victoria Palm		Date of Receipt
Mailing Address 3507 Abrazo		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City San Antonio State TX Zip Code 78247		Transaction ID : SA11AI.18239
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 Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="75.00"/>	

Full Name (Last, First, Middle Initial) C. Victoria Palm		Date of Receipt
Mailing Address 3507 Abrazo		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City San Antonio State TX Zip Code 78247		Transaction ID : SA11AI.18501
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 Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="100.00"/>	

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

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

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

FOR LINE NUMBER: PAGE 111 OF 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. 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 ▼ **125.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 15 / 2013

Transaction ID : SA11AI.18771

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 ▼ **150.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SA11AI.19036

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 ▼ **175.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
04 / 15 / 2013

Transaction ID : SA11AI.19030

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 112 OF 186
(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. 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 ▼
200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : SA11AI.19559

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 ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.19821

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 ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11AI.20081

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 186
<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. 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 ▼ **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 14 / 2013

Transaction ID : SA11AI.20336

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 ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 28 / 2013

Transaction ID : SA11AI.20580

Amount of Each Receipt this Period
25.00

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

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 ▼ **50.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
01 / 15 / 2013

Transaction ID : SA11AI.17691

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 114 OF 186
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	<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 ▼ 100.00

Date of Receipt: 01 / 31 / 2013
Transaction ID : SA11AI.17968

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 ▼ 150.00

Date of Receipt: 02 / 15 / 2013
Transaction ID : SA11AI.18240

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 ▼ 200.00

Date of Receipt: 02 / 28 / 2013
Transaction ID : SA11AI.18502

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 115 OF 186
(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. William B Parrish

Mailing Address 3200 Wild Canyon Loop

City State Zip Code
Austin TX 78732

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

Name of Employer Occupation
Girling Home Health Vice President, Finance

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
 03 / 15 / 2013
Transaction ID : SA11AI.18772

Amount of Each Receipt this Period
50.00

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

Mailing Address 3200 Wild Canyon Loop

City State Zip Code
Austin TX 78732

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

Name of Employer Occupation
Girling Home Health Vice President, Finance

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
 03 / 29 / 2013
Transaction ID : SA11AI.19037

Amount of Each Receipt this Period
50.00

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

Mailing Address 3200 Wild Canyon Loop

City State Zip Code
Austin TX 78732

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

Name of Employer Occupation
Girling Home Health Vice President, 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
 04 / 15 / 2013
Transaction ID : SA11AI.19304

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 186
<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 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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

Transaction ID : SA11AI.19560

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
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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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2013

Transaction ID : SA11AI.19822

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
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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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : SA11AI.20082

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 117 OF 186
(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. William B Parrish

Mailing Address 3200 Wild Canyon Loop

City State Zip Code
Austin TX 78732

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

Name of Employer Occupation
Girling Home Health Vice President, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : SA11AI.20337

Amount of Each Receipt this Period
50.00

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

Mailing Address 3200 Wild Canyon Loop

City State Zip Code
Austin TX 78732

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

Name of Employer Occupation
Girling Home Health Vice President, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.20581

Amount of Each Receipt this Period
50.00

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

Mailing Address 201 County Road 326a

City State Zip Code
Rosebud TX 76570

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

Name of Employer Occupation
Girling Community Care Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : SA11AI.17695

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 118 OF 186
<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 ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

Transaction ID : SA11AI.17972

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 ▼
75.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : SA11AI.18244

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 ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : SA11AI.18507

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 119 OF 186
(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. Robin A Polk

Mailing Address 201 County Road 326a

City State Zip Code
Rosebud TX 76570

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

Name of Employer Occupation
Girling Community Care Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : SA11AI.18777

Amount of Each Receipt this Period
25.00

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

Mailing Address 201 County Road 326a

City State Zip Code
Rosebud TX 76570

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

Name of Employer Occupation
Girling Community Care Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : SA11AI.19042

Amount of Each Receipt this Period
25.00

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

Mailing Address 201 County Road 326a

City State Zip Code
Rosebud TX 76570

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

Name of Employer Occupation
Girling Community Care Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
175.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : SA11AI.19309

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 120 OF 186
(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. Robin A Polk

Mailing Address 201 County Road 326a

City State Zip Code
Rosebud TX 76570

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

Name of Employer Occupation
Girling Community Care Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : SA11AI.19565

Amount of Each Receipt this Period
25.00

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

Mailing Address 201 County Road 326a

City State Zip Code
Rosebud TX 76570

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

Name of Employer Occupation
Girling Community Care Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.19827

Amount of Each Receipt this Period
25.00

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

Mailing Address 201 County Road 326a

City State Zip Code
Rosebud TX 76570

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

Name of Employer Occupation
Girling Community Care Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11AI.20087

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 121 OF 186
(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. Robin A Polk

Mailing Address 201 County Road 326a

City State Zip Code
Rosebud TX 76570

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

Name of Employer Occupation
Girling Community Care Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : SA11AI.20342

Amount of Each Receipt this Period
25.00

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

Mailing Address 201 County Road 326a

City State Zip Code
Rosebud TX 76570

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

Name of Employer Occupation
Girling Community Care Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.20586

Amount of Each Receipt this Period
25.00

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

Mailing Address 3110 Cimmaron Rd

City State Zip Code
Weatherford TX 76087

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

Name of Employer Occupation
TRISUN Healthcare Regional Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : SA11AI.17697

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 122 OF 186
<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 Reinert		Date of Receipt
Mailing Address 3110 Cimmaron Rd		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City State Zip Code Weatherford TX 76087		Transaction ID : SA11AI.17975
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 Regional Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="50.00"/>	

Full Name (Last, First, Middle Initial) B. Jeanette Reinert		Date of Receipt
Mailing Address 3110 Cimmaron Rd		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code Weatherford TX 76087		Transaction ID : SA11AI.18246
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 Regional Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="75.00"/>	

Full Name (Last, First, Middle Initial) C. Jeanette Reinert		Date of Receipt
Mailing Address 3110 Cimmaron Rd		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City State Zip Code Weatherford TX 76087		Transaction ID : SA11AI.18510
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 Regional Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="100.00"/>	

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

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

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

FOR LINE NUMBER: PAGE 123 OF 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 Reinert

Mailing Address 3110 Cimmaron Rd

City Weatherford State TX Zip Code 76087

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

Name of Employer TRISUN Healthcare Occupation Regional Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **125.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 15 / 2013

Transaction ID : SA11AI.18780

Amount of Each Receipt this Period
25.00

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

Mailing Address 3110 Cimmaron Rd

City Weatherford State TX Zip Code 76087

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

Name of Employer TRISUN Healthcare Occupation Regional Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **150.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SA11AI.19045

Amount of Each Receipt this Period
25.00

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

Mailing Address 3110 Cimmaron Rd

City Weatherford State TX Zip Code 76087

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

Name of Employer TRISUN Healthcare Occupation Regional Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **175.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 15 / 2013

Transaction ID : SA11AI.19312

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 124 OF 186
	<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. 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 ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : SA11AI.19568

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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.19830

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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11AI.20090

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 125 OF 186
(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. Jeanette Reinert

Mailing Address 3110 Cimmaron Rd

City Weatherford State TX Zip Code 76087

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

Name of Employer TRISUN Healthcare Occupation Regional Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : SA11AI.20344

Amount of Each Receipt this Period
25.00

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

Mailing Address 3110 Cimmaron Rd

City Weatherford State TX Zip Code 76087

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

Name of Employer TRISUN Healthcare Occupation Regional Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.20588

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 ▼ **25.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : SA11AI.17556

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 126 OF 186
(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. 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 ▼ **50.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 22 / 2013

Transaction ID : SA11AI.17837

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 ▼ **75.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2013

Transaction ID : SA11AI.18110

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 ▼ **100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.18382

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 127 OF 186
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lisa Roundtree
Full Name (Last, First, Middle Initial)
Mailing Address 408 Beauty Ln
City Whitesboro State TX Zip Code 76273
FEC ID number of contributing federal political committee. **C**
Name of Employer MBS Rehab Occupation Occupational Therapist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 125.00

Date of Receipt 03 / 07 / 2013
Transaction ID : SA11AI.18643
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 ▼ 150.00

Date of Receipt 03 / 22 / 2013
Transaction ID : SA11AI.18911
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 ▼ 175.00

Date of Receipt 04 / 08 / 2013
Transaction ID : SA11AI.19178
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 128 OF 186
<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 ▼ 200.00

Date of Receipt
04 / 22 / 2013
Transaction ID : SA11AI.19437
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 ▼ 225.00

Date of Receipt
05 / 07 / 2013
Transaction ID : SA11AI.19694
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 ▼ 250.00

Date of Receipt
05 / 22 / 2013
Transaction ID : SA11AI.19954
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 129 OF 186
(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. 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 ▼ **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.20213

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 ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.20462

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. 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 ▼ **20.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : SA11AI.17700

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: (check only one)	PAGE 130 OF 186
<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. 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 ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

Transaction ID : SA11AI.17978

Amount of Each Receipt this Period
20.00

B. 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 ▼
60.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : SA11AI.18249

Amount of Each Receipt this Period
20.00

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 ▼
80.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : SA11AI.18513

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 131 OF 186
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	<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. 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 ▼ 100.00

Date of Receipt
03 / 15 / 2013
Transaction ID : SA11AI.18783
Amount of Each Receipt this Period
20.00

B. 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 ▼ 120.00

Date of Receipt
03 / 29 / 2013
Transaction ID : SA11AI.19048
Amount of Each Receipt this Period
20.00

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 ▼ 140.00

Date of Receipt
04 / 15 / 2013
Transaction ID : SA11AI.19314
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 132 OF 186
<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. 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 ▼
160.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2013

Transaction ID : SA11AI.19570

Amount of Each Receipt this Period
20.00

B. 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 ▼
180.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2013

Transaction ID : SA11AI.19832

Amount of Each Receipt this Period
20.00

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 ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2013

Transaction ID : SA11AI.20092

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 133 OF 186
	<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. 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 ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 14 / 2013
Transaction ID : SA11AI.20345

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 ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2013
Transaction ID : SA11AI.20590

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 ▼ **25.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 15 / 2013
Transaction ID : SA11AI.17701

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 134 OF 186
<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. Kelly Rowe		Date of Receipt
Mailing Address 1284 County Road 282		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City State Zip Code Bertram TX 78605		Transaction ID : SA11AI.17979
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 Harden Healthcare Services	Occupation Sr. Network Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="50.00"/>	

Full Name (Last, First, Middle Initial) B. Kelly Rowe		Date of Receipt
Mailing Address 1284 County Road 282		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code Bertram TX 78605		Transaction ID : SA11AI.18250
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 Harden Healthcare Services	Occupation Sr. Network Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="75.00"/>	

Full Name (Last, First, Middle Initial) C. Kelly Rowe		Date of Receipt
Mailing Address 1284 County Road 282		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City State Zip Code Bertram TX 78605		Transaction ID : SA11AI.18514
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 Harden Healthcare Services	Occupation Sr. Network Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="100.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 135 OF 186
<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. Kelly Rowe		Date of Receipt
Mailing Address 1284 County Road 282		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code Bertram TX 78605		Transaction ID : SA11AI.18784
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 Harden Healthcare Services	Occupation Sr. Network Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="125.00"/>	

Full Name (Last, First, Middle Initial) B. Kelly Rowe		Date of Receipt
Mailing Address 1284 County Road 282		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City State Zip Code Bertram TX 78605		Transaction ID : SA11AI.19049
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 Harden Healthcare Services	Occupation Sr. Network Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="150.00"/>	

Full Name (Last, First, Middle Initial) C. Kelly Rowe		Date of Receipt
Mailing Address 1284 County Road 282		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code Bertram TX 78605		Transaction ID : SA11AI.19315
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 Harden Healthcare Services	Occupation Sr. Network Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="175.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 136 OF 186
<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 ▼ **200.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

Transaction ID : SA11AI.19571

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
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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 ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2013

Transaction ID : SA11AI.19833

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 ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : SA11AI.20093

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 137 OF 186
<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. Kelly Rowe		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 14 / 2013 Transaction ID : SA11AI.20346
Mailing Address 1284 County Road 282		Amount of Each Receipt this Period 25.00
City Bertram	State TX	Zip Code 78605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Harden Healthcare Services	Occupation Sr. Network Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Kelly Rowe		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 28 / 2013 Transaction ID : SA11AI.20591
Mailing Address 1284 County Road 282		Amount of Each Receipt this Period 25.00
City Bertram	State TX	Zip Code 78605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Harden Healthcare Services	Occupation Sr. Network Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Rebecca Shropshire		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 07 / 2013 Transaction ID : SA11AI.17560
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		Amount of Each Receipt this Period 40.00
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 ▼ 40.00	

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 138 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

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

Mailing Address 722 Craig St

City Hillboro State TX Zip Code 76645

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

Name of Employer TRISUN Healthcare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
80.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : SA11AI.17841

Amount of Each Receipt this Period
 40.00

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

Mailing Address 722 Craig St

City Hillboro State TX Zip Code 76645

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

Name of Employer TRISUN Healthcare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2013
Transaction ID : SA11AI.18114

Amount of Each Receipt this Period
 40.00

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

Mailing Address 722 Craig St

City Hillboro State TX Zip Code 76645

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

Name of Employer TRISUN Healthcare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
160.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2013
Transaction ID : SA11AI.18386

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 139 OF 186
<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		Date of Receipt
Mailing Address 722 Craig St		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Hillboro	TX	76645
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.18647
TRISUN Healthcare	Administrator	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="200.00"/>	<input type="text" value="40.00"/>

Full Name (Last, First, Middle Initial) B. Rebecca Shropshire		Date of Receipt
Mailing Address 722 Craig St		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Hillboro	TX	76645
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.18915
TRISUN Healthcare	Administrator	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	<input type="text" value="40.00"/>

Full Name (Last, First, Middle Initial) C. Rebecca Shropshire		Date of Receipt
Mailing Address 722 Craig St		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City	State	Zip Code
Hillboro	TX	76645
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.19182
TRISUN Healthcare	Administrator	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	<input type="text" value="40.00"/>

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 140 OF 186
<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		Date of Receipt MM / DD / YYYY 04 / 22 / 2013 Transaction ID : SA11AI.19441
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 ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Rebecca Shropshire		Date of Receipt MM / DD / YYYY 05 / 07 / 2013 Transaction ID : SA11AI.19698
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 ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Rebecca Shropshire		Date of Receipt MM / DD / YYYY 05 / 22 / 2013 Transaction ID : SA11AI.19960
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 ▼ 400.00	

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 141 OF 186
	<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. Rebecca Shropshire

Mailing Address 722 Craig St

City Hillboro	State TX	Zip Code 76645
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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 ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.20218

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
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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 ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.20467

Amount of Each Receipt this Period
40.00

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 ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	07	/	2013

Transaction ID : SA11AI.17561

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 142 OF 186
(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. 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 ▼ 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : SA11AI.17842
 Amount of Each Receipt this Period
 50.00

B. Juli Simmang
 Full Name (Last, First, Middle Initial)
 Mailing Address 991 Oak Rdg
 City Shertz State TX Zip Code 78154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MBS Rehab Occupation Director of Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2013
Transaction ID : SA11AI.18115
 Amount of Each Receipt this Period
 50.00

C. Juli Simmang
 Full Name (Last, First, Middle Initial)
 Mailing Address 991 Oak Rdg
 City Shertz State TX Zip Code 78154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MBS Rehab Occupation Director of Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2013
Transaction ID : SA11AI.18387
 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 143 OF 186
	<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"/>	<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. Juli Simmang			Date of Receipt																						
Mailing Address 991 Oak Rdg			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	3		0	7		2	0	1	3																
City State Zip Code Shertz TX 78154			Transaction ID : SA11AI.18648																						
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 50.00																						
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 ▼ 250.00																							

Full Name (Last, First, Middle Initial) B. Juli Simmang			Date of Receipt																						
Mailing Address 991 Oak Rdg			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	3		2	2		2	0	1	3																
City State Zip Code Shertz TX 78154			Transaction ID : SA11AI.18916																						
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 50.00																						
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 ▼ 300.00																							

Full Name (Last, First, Middle Initial) C. Juli Simmang			Date of Receipt																						
Mailing Address 991 Oak Rdg			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	4		0	8		2	0	1	3																
City State Zip Code Shertz TX 78154			Transaction ID : SA11AI.19183																						
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 50.00																						
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 ▼ 350.00																							

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 144 OF 186
(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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : SA11AI.19442

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 ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2013
Transaction ID : SA11AI.19699

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2013
Transaction ID : SA11AI.19961

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 145 OF 186
	<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 ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.20219

Amount of Each Receipt this Period

50.00

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

Mailing Address 991 Oak Rdg

City Shertz	State TX	Zip Code 78154
----------------	-------------	-------------------

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

Name of Employer MBS Rehab	Occupation Director of Clinical Services
-------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.20468

Amount of Each Receipt this Period

50.00

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

Mailing Address 2419 Edgecliff Path

City Georgetown	State TX	Zip Code 78626
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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 ▼ **25.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	07	/	2013

Transaction ID : SA11AI.17564

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 146 OF 186
<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 01 / 22 / 2013 Transaction ID : SA11Al.17845
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 ▼ 50.00	

Full Name (Last, First, Middle Initial) B. Kenneth Stribling		Date of Receipt MM / DD / YYYY 02 / 07 / 2013 Transaction ID : SA11Al.18118
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 ▼ 75.00	

Full Name (Last, First, Middle Initial) C. Kenneth Stribling		Date of Receipt MM / DD / YYYY 02 / 22 / 2013 Transaction ID : SA11Al.18390
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 ▼ 100.00	

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 147 OF 186
<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 03 / 07 / 2013 Transaction ID : SA11AI.18651
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 ▼ 125.00	

Full Name (Last, First, Middle Initial) B. Kenneth Stribling		Date of Receipt MM / DD / YYYY 03 / 22 / 2013 Transaction ID : SA11AI.18919
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 ▼ 150.00	

Full Name (Last, First, Middle Initial) C. Kenneth Stribling		Date of Receipt MM / DD / YYYY 04 / 08 / 2013 Transaction ID : SA11AI.19186
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 ▼ 175.00	

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 148 OF 186
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
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	<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. 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 ▼
200.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2013
Transaction ID : SA11AI.19445

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2013
Transaction ID : SA11AI.19702

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2013
Transaction ID : SA11AI.19964

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 149 OF 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. 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 ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.20221

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.20470

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 ▼
25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : SA11AI.17711

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 150 OF 186
<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. 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 ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

Transaction ID : SA11AI.17989

Amount of Each Receipt this Period
25.00

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

Mailing Address 3208 Main Cir W

City Clifton	State CO	Zip Code 81520
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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 ▼
75.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : SA11AI.18258

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 Clifton	State CO	Zip Code 81520
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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 ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : SA11AI.18523

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 151 OF 186
<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. 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 ▼ **125.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2013

Transaction ID : SA11AI.18792

Amount of Each Receipt this Period

25.00

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

Mailing Address 3208 Main Cir W

City Clifton	State CO	Zip Code 81520
-----------------	-------------	-------------------

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

Name of Employer Voyager Hospice	Occupation Clinical Manager
-------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **150.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SA11AI.19057

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 Clifton	State CO	Zip Code 81520
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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 ▼ **175.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2013

Transaction ID : SA11AI.19322

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 152 OF 186
	<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. 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 ▼
200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : SA11AI.19578

Amount of Each Receipt this Period
25.00

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

Mailing Address 3208 Main Cir W

City Clifton	State CO	Zip Code 81520
-----------------	-------------	-------------------

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

Name of Employer Voyager Hospice	Occupation Clinical Manager
-------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.19840

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 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 ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11AI.20100

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 153 OF 186
<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. 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 ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2013

Transaction ID : SA11AI.20353

Amount of Each Receipt this Period
25.00

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

Mailing Address 3208 Main Cir W

City Clifton	State CO	Zip Code 81520
-----------------	-------------	-------------------

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

Name of Employer Voyager Hospice	Occupation Clinical Manager
-------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

Transaction ID : SA11AI.20599

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 ▼
25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	07	/	2013

Transaction ID : SA11AI.17572

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 154 OF 186
	<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		Date of Receipt MM / DD / YYYY 01 / 22 / 2013 Transaction ID : SA11AI.17852
Mailing Address 2101 Birdie Ct		Amount of Each Receipt this Period 25.00
City San Angelo	State TX	Zip Code 76904
FEC ID number of contributing federal political committee. C		
Name of Employer TRISUN Healthcare	Occupation Administrator, Regency House	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) B. Charlene Turner		Date of Receipt MM / DD / YYYY 02 / 07 / 2013 Transaction ID : SA11AI.18125
Mailing Address 2101 Birdie Ct		Amount of Each Receipt this Period 25.00
City San Angelo	State TX	Zip Code 76904
FEC ID number of contributing federal political committee. C		
Name of Employer TRISUN Healthcare	Occupation Administrator, Regency House	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00	

Full Name (Last, First, Middle Initial) C. Charlene Turner		Date of Receipt MM / DD / YYYY 02 / 22 / 2013 Transaction ID : SA11AI.18395
Mailing Address 2101 Birdie Ct		Amount of Each Receipt this Period 25.00
City San Angelo	State TX	Zip Code 76904
FEC ID number of contributing federal political committee. C		
Name of Employer TRISUN Healthcare	Occupation Administrator, Regency House	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

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 155 OF 186
(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 ▼
 125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2013
Transaction ID : SA11AI.18657

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 ▼
 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : SA11AI.18925

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 ▼
 175.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2013
Transaction ID : SA11AI.19190

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 156 OF 186
	<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. 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 ▼ **200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 22 / 2013

Transaction ID : SA11AI.19451

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 ▼ **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 07 / 2013

Transaction ID : SA11AI.19708

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 ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 22 / 2013

Transaction ID : SA11AI.19970

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 157 OF 186
	<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. 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 / D D / Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.20227

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 ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.20476

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 ▼ **25.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : SA11AI.17716

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 158 OF 186
	<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 ▼
50.00

Date of Receipt
01 / 31 / 2013
Transaction ID : SA11AI.17994

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 Occupation
Girling Home Health Vice President, Quality & Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.00

Date of Receipt
02 / 15 / 2013
Transaction ID : SA11AI.18263

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 Occupation
Girling Home Health Vice President, Quality & Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
02 / 28 / 2013
Transaction ID : SA11AI.18527

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 159 OF 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. 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 ▼ 125.00
 Date of Receipt: 03 / 15 / 2013
Transaction ID : SA11AI.18796
 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 Occupation
 Girling Home Health Vice President, Quality & Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00
 Date of Receipt: 03 / 29 / 2013
Transaction ID : SA11AI.19061
 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 Occupation
 Girling Home Health Vice President, Quality & Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 175.00
 Date of Receipt: 04 / 15 / 2013
Transaction ID : SA11AI.19326
 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 160 OF 186
<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. Julie Vandre		Date of Receipt
Mailing Address 629 Park Ave		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City State Zip Code New Richmond WI 54017		Transaction ID : SA11AI.19582
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 Girling Home Health	Occupation Vice President, Quality & Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="200.00"/>	

Full Name (Last, First, Middle Initial) B. Julie Vandre		Date of Receipt
Mailing Address 629 Park Ave		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code New Richmond WI 54017		Transaction ID : SA11AI.19844
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 Girling Home Health	Occupation Vice President, Quality & Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

Full Name (Last, First, Middle Initial) C. Julie Vandre		Date of Receipt
Mailing Address 629 Park Ave		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City State Zip Code New Richmond WI 54017		Transaction ID : SA11AI.20104
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 Girling Home Health	Occupation Vice President, Quality & Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 161 OF 186
<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 ▼
275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2013

Transaction ID : SA11AI.20357

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
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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 ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	28	/	2013

Transaction ID : SA11AI.20603

Amount of Each Receipt this Period
25.00

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

Mailing Address 253 LCR 405

City Mexia	State TX	Zip Code 76667
---------------	-------------	-------------------

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

Name of Employer Girling Home Health	Occupation Regional Vice President
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	15	/	2013

Transaction ID : SA11AI.17715

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 162 OF 186
	<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. Ronda Van Meter
Full Name (Last, First, Middle Initial)
Mailing Address 253 LCR 405

City Mexia	State TX	Zip Code 76667
---------------	-------------	-------------------

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

Name of Employer Girling Home Health	Occupation Regional Vice President
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

Transaction ID : SA11AI.17993

Amount of Each Receipt this Period
50.00

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 Girling Home Health	Occupation Regional Vice President
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : SA11AI.18262

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 Girling Home Health	Occupation Regional Vice President
---	---------------------------------------

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
02	/	28	/	2013

Transaction ID : SA11AI.18526

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 163 OF 186
(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 ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : SA11AI.18795

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : SA11AI.19060

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 ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : SA11AI.19325

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 164 OF 186
	<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. Ronda Van Meter
Full Name (Last, First, Middle Initial)
Mailing Address 253 LCR 405

City Mexia	State TX	Zip Code 76667
---------------	-------------	-------------------

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

Name of Employer Girling Home Health	Occupation Regional Vice President
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

Transaction ID : SA11AI.19581

Amount of Each Receipt this Period
50.00

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 Girling Home Health	Occupation Regional Vice President
---	---------------------------------------

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
05	/	15	/	2013

Transaction ID : SA11AI.19843

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 Girling Home Health	Occupation Regional Vice President
---	---------------------------------------

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
05	/	31	/	2013

Transaction ID : SA11AI.20103

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 165 OF 186
	<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 Mexia	State TX	Zip Code 76667
---------------	-------------	-------------------

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

Name of Employer Girling Home Health	Occupation Regional Vice President
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2013

Transaction ID : SA11AI.20356

Amount of Each Receipt this Period

50.00

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

Mailing Address 253 LCR 405

City Mexia	State TX	Zip Code 76667
---------------	-------------	-------------------

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

Name of Employer Girling Home Health	Occupation Regional Vice President
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

Transaction ID : SA11AI.20602

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)
C. 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 ▼ **55.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2013

Transaction ID : SA11AI.17718

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional).....▶	155.00
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 166 OF 186
<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. Jennifer Lynn Vogt
Full Name (Last, First, Middle Initial)
Mailing Address 4506 Grand Cypress Dr
City Austin State TX Zip Code 78747
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Community Care Occupation: Regional Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **110.00**

Date of Receipt: 01 / 31 / 2013
Transaction ID : SA11AI.17996
Amount of Each Receipt this Period: 55.00

B. Jennifer Lynn Vogt
Full Name (Last, First, Middle Initial)
Mailing Address 4506 Grand Cypress Dr
City Austin State TX Zip Code 78747
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Community Care Occupation: Regional Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **165.00**

Date of Receipt: 02 / 15 / 2013
Transaction ID : SA11AI.18265
Amount of Each Receipt this Period: 55.00

C. Jennifer Lynn Vogt
Full Name (Last, First, Middle Initial)
Mailing Address 4506 Grand Cypress Dr
City Austin State TX Zip Code 78747
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Community Care Occupation: Regional Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **220.00**

Date of Receipt: 02 / 28 / 2013
Transaction ID : SA11AI.18529
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 167 OF 186
<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. Jennifer Lynn Vogt
Full Name (Last, First, Middle Initial)

Mailing Address 4506 Grand Cypress Dr

City Austin	State TX	Zip Code 78747
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2013

Transaction ID : SA11AI.18798

Amount of Each Receipt this Period

55.00

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

Mailing Address 4506 Grand Cypress Dr

City Austin	State TX	Zip Code 78747
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SA11AI.19063

Amount of Each Receipt this Period

55.00

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

Mailing Address 4506 Grand Cypress Dr

City Austin	State TX	Zip Code 78747
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2013

Transaction ID : SA11AI.19328

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: PAGE 168 OF 186
(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 ▼
440.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2013
Transaction ID : SA11AI.19584

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 ▼
495.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.19846

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 ▼
550.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11AI.20106

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 169 OF 186
<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. Jennifer Lynn Vogt		Date of Receipt
Mailing Address 4506 Grand Cypress Dr		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City State Zip Code Austin TX 78747		Transaction ID : SA11AI.20359
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="55.00"/>
Name of Employer Girling Community Care	Occupation Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="605.00"/>	

Full Name (Last, First, Middle Initial) B. Jennifer Lynn Vogt		Date of Receipt
Mailing Address 4506 Grand Cypress Dr		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City State Zip Code Austin TX 78747		Transaction ID : SA11AI.20605
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="55.00"/>
Name of Employer Girling Community Care	Occupation Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="660.00"/>	

Full Name (Last, First, Middle Initial) C. Iris B Williams		Date of Receipt
Mailing Address 3733 Locke Ln		<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City State Zip Code Corpus Christi TX 78415		Transaction ID : SA11AI.17585
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 MBS Rehab	Occupation Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="25.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="135.00"/>
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 170 OF 186
	<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. Iris B Williams		Date of Receipt
Mailing Address 3733 Locke Ln		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Corpus Christi	TX	78415
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.17865
Name of Employer	Occupation	Amount of Each Receipt this Period
MBS Rehab	Director of Operations	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="50.00"/>	

Full Name (Last, First, Middle Initial) B. Iris B Williams		Date of Receipt
Mailing Address 3733 Locke Ln		<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Corpus Christi	TX	78415
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.18137
Name of Employer	Occupation	Amount of Each Receipt this Period
MBS Rehab	Director of Operations	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="75.00"/>	

Full Name (Last, First, Middle Initial) C. Iris B Williams		Date of Receipt
Mailing Address 3733 Locke Ln		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Corpus Christi	TX	78415
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.18406
Name of Employer	Occupation	Amount of Each Receipt this Period
MBS Rehab	Director of Operations	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="100.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 171 OF 186
<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. Iris B Williams

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 ▼
125.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2013
Transaction ID : SA11AI.18668

Amount of Each Receipt this Period
 25.00

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

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 ▼
150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : SA11AI.18936

Amount of Each Receipt this Period
 25.00

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

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 ▼
175.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2013
Transaction ID : SA11AI.19201

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 172 OF 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3733 Locke Ln

City State Zip Code
Corpus Christi TX 78415

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

Name of Employer Occupation
MBS Rehab Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : SA11AI.19462

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 ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2013
Transaction ID : SA11AI.19719

Amount of Each Receipt this Period
25.00

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 ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2013
Transaction ID : SA11AI.19981

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 173 OF 186
<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. Iris B Williams		Date of Receipt
Mailing Address 3733 Locke Ln		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Corpus Christi	TX	78415
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.20238
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
MBS Rehab	Director of Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Iris B Williams		Date of Receipt
Mailing Address 3733 Locke Ln		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Corpus Christi	TX	78415
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.20486
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
MBS Rehab	Director of Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Thomas Lloyd Wilson		Date of Receipt
Mailing Address 1703 W. 5th Street, Ste. 700		<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Austin	TX	78703
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.17720
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
Harden Healthcare	Vice President, Public Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="40.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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 174 OF 186
<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. Thomas Lloyd Wilson		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 Transaction ID : SA11AI.17998
Mailing Address 1703 W. 5th Street, Ste. 700		Amount of Each Receipt this Period 40.00
City Austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 80.00
Name of Employer Harden Healthcare Occupation Vice President, Public Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Thomas Lloyd Wilson		Date of Receipt MM / DD / YYYY 02 / 15 / 2013 Transaction ID : SA11AI.18267
Mailing Address 1703 W. 5th Street, Ste. 700		Amount of Each Receipt this Period 40.00
City Austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 120.00
Name of Employer Harden Healthcare Occupation Vice President, Public Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Thomas Lloyd Wilson		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : SA11AI.18532
Mailing Address 1703 W. 5th Street, Ste. 700		Amount of Each Receipt this Period 40.00
City Austin State TX Zip Code 78703	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 160.00
Name of Employer Harden Healthcare Occupation Vice President, Public Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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 175 OF 186
	<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. Thomas Lloyd Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 1703 W. 5th Street, 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 ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2013

Transaction ID : SA11AI.18800

Amount of Each Receipt this Period
40.00

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

Mailing Address 1703 W. 5th Street, 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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SA11AI.19065

Amount of Each Receipt this Period
40.00

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

Mailing Address 1703 W. 5th Street, 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 ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.20239

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 176 OF 186
(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. Thomas Lloyd Wilson

Mailing Address 1703 W. 5th Street, 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 ▼
320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.20487

Amount of Each Receipt this Period
40.00

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

Mailing Address 1703 W 5th St Ste 700

City State Zip Code
Austin TX 78703

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

Name of Employer Occupation
Harden Healthcare Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : SA11AI.17722

Amount of Each Receipt this Period
50.00

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

Mailing Address 1703 W 5th St Ste 700

City State Zip Code
Austin TX 78703

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

Name of Employer Occupation
Harden Healthcare Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : SA11AI.18000

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00

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 177 OF 186
(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 ▼ 150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : SA11AI.18269
 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 ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : SA11AI.18534
 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : SA11AI.18801
 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 178 OF 186
<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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SA11AI.19066

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 ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2013

Transaction ID : SA11AI.19330

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 ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

Transaction ID : SA11AI.19588

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 179 OF 186
(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 ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.19849
 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11AI.20109
 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 ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : SA11AI.20363
 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 180 OF 186
(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. Full Name (Last, First, Middle Initial)
Troy Adam Yarborough

Mailing Address 1703 W 5th St Ste 700

City Austin State TX Zip Code 78703

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

Name of Employer Harden Healthcare Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 28 / 2013

Transaction ID : SA11AI.20610

Amount of Each Receipt this Period
50.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	25190.00

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

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

FOR LINE NUMBER: PAGE 181 OF 186
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input checked="" 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. DEWHURST FOR TEXAS
Full Name (Last, First, Middle Initial)
Mailing Address 1210 SAN ANTONIO STREET SUITE 700

City AUSTIN	State TX	Zip Code 78701
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00499350

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 18 / 2013
Transaction ID : SA16.17295

Amount of Each Receipt this Period
5000.00

Refund of Contribution

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

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

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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 checked="" 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 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. Harden Healthcare Services

Mailing Address 1703 W 5th St Ste 800

City Austin State TX Zip Code 78703

Purpose of Disbursement
Administrative Services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.17301

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Harden Healthcare Services

Mailing Address 1703 W 5th St Ste 800

City Austin State TX Zip Code 78703

Purpose of Disbursement
Administrative Services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.17302

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Harden Healthcare Services

Mailing Address 1703 W 5th St Ste 800

City Austin State TX Zip Code 78703

Purpose of Disbursement
Administrative Services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.17303

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 checked="" 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 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. Harden Healthcare Services

Mailing Address 1703 W 5th St Ste 800

City Austin State TX Zip Code 78703

Purpose of Disbursement
Administrative Services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.22246

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Harden Healthcare Services

Mailing Address 1703 W 5th St Ste 800

City Austin State TX Zip Code 78703

Purpose of Disbursement
Administrative Services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.22247

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Harden Healthcare Services

Mailing Address 1703 W 5th St Ste 800

City Austin State TX Zip Code 78703

Purpose of Disbursement
Administrative Services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.22248

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. BRALEY FOR CONGRESS

Mailing Address PO BOX 390

City WATERLOO State IA Zip Code 50704

Purpose of Disbursement
Political Contribution

011

Candidate Name

BRUCE L BRALEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	3

Transaction ID : SB23.22241

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. DOGGETT FOR US CONGRESS

Mailing Address PO BOX 5843

City AUSTIN State TX Zip Code 78763

Purpose of Disbursement
Political Contribution

011

Candidate Name

LLOYD DOGGETT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	3

Transaction ID : SB23.22240

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MORAN NRSC VICTORY FUND

Mailing Address 228 S WASHINGTON STREET #115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	3

Transaction ID : SB23.17296

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

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

6	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 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. TEXANS FOR LAMAR SMITH

Mailing Address PO BOX 6155

City SAN ANTONIO State TX Zip Code 78209

Purpose of Disbursement
Political Contribution

011

Candidate Name

LAMAR SMITH

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 21

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2013

Transaction ID : **SB23.22242**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address PO BOX 13026

City AUSTIN State TX Zip Code 78711

Purpose of Disbursement
Political Contribution

011

Candidate Name

JOHN CORNYN

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2013

Transaction ID : **SB23.17300**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. YODER FOR CONGRESS

Mailing Address PO BOX 26742

City OVERLAND PARK State KS Zip Code 66225

Purpose of Disbursement
Political Contribution

011

Candidate Name

KEVIN W YODER

Category/
Type

Office Sought: House
 Senate
 President
State: KS District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2013

Transaction ID : **SB23.17298**

Amount of Each Disbursement this Period

2500.00

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

7000.00

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

13000.00

**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. TEXANS FOR GREG ABBOTT

Mailing Address PO BOX 308

City AUSTIN State TX Zip Code 78767

Purpose of Disbursement
Political Contribution

Category/
Type

Candidate Name
Greg Abbott

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.22244

Amount of Each Disbursement this Period

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

/ /

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

/ /

Amount of Each Disbursement this Period

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

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