Image# 13941286627 PAGE 1 / 186

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Use Only	
1.	NAME OF COMMITTEE (in full)	YPE OR PE	RINT ▼		mple: If typir r the lines.	ig, type	12FE4M5		
۲	larden Healthcare LLC	Federa	PAC				1 1 1 1 1		
		. 4702 W. 54	.h. C4						
AD	DRESS (number and street)	1703 W. 5t	in Street						
	Check if different than previously reported. (ACC)	Austin					TX	78703	- [, , , ,]
2.	FEC IDENTIFICATION NUI	MBER ▼		CITY 🛦		S	STATE 🛦	ZIP CO	DE 🛦
	C C00489740			3. IS THIS REPORT		IEW N) OR	AM (A)	ENDED	
4.	TYPE OF REPORT (Choose One)	(b) Month Report	rt 🔲	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:			Mar 20 (M3)		lun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report (Q1	,	Ш	Apr 20 (M4)		lul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
	July 15 Quarterly Report (Q2	(C)	12-Day PRE -Electio	n 📙	Primary (12P)	General (12G)	Runoff (12R)
	October 15 Quarterly Report (Q3		Report for t	he:	Convention (12C)	Special (12S)	
	January 31 Year-End Report (YE		E	Election on	M = M /	D D /	Y Y Y Y	in the State o	of
	X July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 3	30-Day POST-Electi		General (30G	i)	Runoff (3	0R)	Special (30S)
	Termination Report (TER)		Report for t	ne: Election on	M = M /	D D /	Y	in the State o	of
5.	Covering Period 01	/ D D D 01		013	through	06	/ 30 /	2013	
l c	ertify that I have examined this	Report an	d to the be	est of my kno	wledge and b	elief it is true	e, correct and	I complete.	
Тур	pe or Print Name of Treasurer	Nelda J H	unter						
Sig	nature of Treasurer Nelda	I Hunter			[Electronically	Filed] Da	ate 07	/ 30 /	2013
NO	TE: Submission of false, erroned	ous, or incor	nplete infor	mation may su	bject the pers	son signing thi	is Report to th	e penalties of 2	U.S.C. §437a.
	Office Use Only	1, 2 3136.			,	- 3 ···· 9 ···		FEC FOR Rev. 12/2	RM 3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Harden Healthcare LLC Federal PAC

Report Covering the Period: From: 01 01 2013 To: 06 30 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Harden Healthcare LLC Federal PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	10001 1100 1 01100	
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	25190.00	25190.00
/// II // I	10070 10	10972 12
(ii) Unitemized(iii) TOTAL (add	10873.12	10873.12
Lines 11(a)(i) and (ii)	36063.12	36063.12
Lines Tr(a)(i) and (ii)	, 30003.12	30000.12
(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		20222.12
Totals to Line 33, page 5)▶	36063.12	36063.12
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5) Refunds of Contributions Made		0.00
to Federal Candidates and Other		
Political Committees	5000.00	5000.00
Other Federal Receipts	3000.00	7
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	3 3 3	
(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
(c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	41063.12	41063.
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
. 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
Transfers to Affiliated/Other Party		
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	13000.00	13000.00
Independent Expenditures	0.00	0.00
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	25000.00	25000.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) I edelal Shale	7 7 7	
(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
Total Dishurasments (add Lines 24(s) 22		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	39850.00	39850.00
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				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	36063.12	36063.12		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36063.12	36063.12		
i. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1850.00	1850.00		
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
Net Operating Expenditures (subtract Line 37 from Line 36)	1850.00	1850.00		

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

FOF	PAGE		6	OF	186				
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	13 14						16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	al PAC	
Full Name (Last, First, Middle Initial) Brianna B Braden Mailing Address 19821 Cold Dust Book		Date of Receipt
Mailing Address 18821 Gold Dust Pass		01 15 2013
City	State Zip Code	Transaction ID : SA11AI.17607
Pflugerville	TX 78660	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Harden Healthcare Services	Senior Vice President, Human Resources	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	
Full Name (Last, First, Middle Initial) Brianna B Braden Mailing Address 18821 Gold Dust Pass		Date of Receipt
		01 31 2013
City Pflugerville	State Zip Code TX 78660	Transaction ID : SA11AI.17885
Pflugerville		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Harden Healthcare Services	Senior Vice President, Human Resources	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	
Full Name (Last, First, Middle Initial) E. Brianna B Braden		Date of Receipt
Mailing Address 18821 Gold Dust Pass		02 15 2013
City Pflugerville	State Zip Code TX 78660	Transaction ID : SA11AI.18158 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Harden Healthcare Services	Senior Vice President, Human Resources	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	r only)	

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

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa		o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brianna B Braden Mailing Address 18821 Gold Dust Pass City Pflugerville FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)	State Zip Code TX 78660 C Occupation Senior Vice President, Human Resources Aggregate Year-to-Date ▼ 400.00	Date of Receipt 02 28 2013 Transaction ID: SA11AI.18418 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Brianna B Braden Mailing Address 18821 Gold Dust Pass City Pflugerville FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)	State Zip Code TX 78660 C Occupation Senior Vice President, Human Resources Aggregate Year-to-Date ▼ 500.00	Date of Receipt 03 15 2013 Transaction ID : SA11AI.18688 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Brianna B Braden Mailing Address 18821 Gold Dust Pass City Pflugerville FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)	State Zip Code TX 78660 C Occupation Senior Vice President, Human Resources Aggregate Year-to-Date ▼ 600.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	300.00

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

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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.

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC	
Full Name (Last, First, Middle Initial) A. Brianna B Braden		Date of Receipt
Mailing Address 18821 Gold Dust Pass		04 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.19219
Pflugerville	TX 78660	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Harden Healthcare Services	Senior Vice President, Human Resources	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial) 3. Brianna B Braden		Date of Receipt
Mailing Address 18821 Gold Dust Pass		04 30 2013
City	State Zip Code	Transaction ID : SA11AI.19482
Pflugerville	TX 78660	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Harden Healthcare Services	Senior Vice President, Human Resources	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Brianna B Braden		Date of Receipt
Mailing Address 18821 Gold Dust Pass		05 15 2013
City	State Zip Code	Transaction ID : SA11AI.19739
Pflugerville	TX 78660	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Harden Healthcare Services	Senior Vice President, Human Resources	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900.00	
SUBTOTAL of Receipts This Page (optional)		300.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal		o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brianna B Braden Mailing Address 18821 Gold Dust Pass City Pflugerville FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)	State Zip Code TX 78660 C Occupation Senior Vice President, Human Resources Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M J J J J J J J J J J J J J J J J J
Full Name (Last, First, Middle Initial) Brianna B Braden Mailing Address 18821 Gold Dust Pass City Pflugerville FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)	State Zip Code TX 78660 C Occupation Senior Vice President, Human Resources Aggregate Year-to-Date ▼ 1100.00	Date of Receipt M M M / D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Brianna B Braden Mailing Address 18821 Gold Dust Pass City Pflugerville FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)	State Zip Code TX 78660 C Occupation Senior Vice President, Human Resources Aggregate Year-to-Date ▼ 1200.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Use separate schedule(s) for each category of the Detailed Summary Page

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	and Statements may not be sold or used by any pering the name and address of any political committee	
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fed	leral PAC	
Full Name (Last, First, Middle Initial) Wendi Bray Mailing Address 15705 Edenderry Dr		Date of Receipt
City	State Zip Code	01 15 2013 Transaction ID : \$41141 17608
Austin	TX 78717	Transaction ID : SA11AI.17608 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Harden Healthcare Services	Senior Vice President, Finance	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	
Full Name (Last, First, Middle Initial) 3. Wendi Bray	<u>'</u>	Date of Receipt
Mailing Address 15705 Edenderry Dr City	State Zip Code	01 31 2013 Transaction ID : SA11AI.17886
Austin	TX 78717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Harden Healthcare Services	Occupation Senior Vice President, Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	
Full Name (Last, First, Middle Initial) C. Wendi Bray		Date of Receipt
Mailing Address 15705 Edenderry Dr		02 15 2013
City	State Zip Code	Transaction ID : SA11AI.18159
Austin	TX 78717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	†
Harden Healthcare Services	Senior Vice President, Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (options	al)	300.00
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	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fed	eral PAC	
/		
Full Name (Last, First, Middle Initial) 1. Wendi Bray		Date of Receipt
Mailing Address 15705 Edenderry Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	02 28 2013 Transaction ID : SA11AI.18419
Austin	TX 78717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Harden Healthcare Services	Senior Vice President, Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	400.00	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Wendi Bray	· 	Date of Receipt
Mailing Address 15705 Edenderry Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	03
Austin	TX 78717	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	-
Harden Healthcare Services	Senior Vice President, Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Other (specify)	300.00	
Full Name (Last, First, Middle Initial)	·	Date of Receipt
Mailing Address 15705 Edenderry Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	03 29 2013 Transaction ID : SA11AI.18957
Austin	TX 78717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Harden Healthcare Services	Senior Vice President, Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
	355.00	
		300.00
SUBTOTAL of Receipts This Page (optional	<u> </u>	300.00
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12 16 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) Wendi Bray Date of Receipt Mailing Address 15705 Edenderry Dr 04 2013 15 City State Zip Code Transaction ID: SA11AI.19220 TX Austin 78717 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Senior Vice President, Finance Harden Healthcare Services Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Wendi Bray Date of Receipt Mailing Address 15705 Edenderry Dr 30 04 2013 City State Zip Code Transaction ID: SA11AI.19483 TX Austin 78717 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Harden Healthcare Services Senior Vice President, Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) c. Wendi Bray Date of Receipt Mailing Address 15705 Edenderry Dr 05 15 2013 Zip Code City State Transaction ID: SA11AI.19740

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SUBTOTAL of Receipts This Page (optional)			 		7		300	0.00	
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900.00

78717

Senior Vice President, Finance

Aggregate Year-to-Date ▼

TX

C

Occupation

100.00

Amount of Each Receipt this Period

Austin

FEC ID number of contributing

federal political committee.

Harden Healthcare Services

Other (specify)

General

Name of Employer

Primary

Receipt For:

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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ITEMIZED RECEIPTS 14 13 15 16 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) Wendi Bray Date of Receipt Mailing Address 15705 Edenderry Dr 2013 31 City State Zip Code Transaction ID: SA11AI.20003 TX 78717 Austin Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Senior Vice President, Finance Harden Healthcare Services Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Wendi Bray Date of Receipt Mailing Address 15705 Edenderry Dr 14 06 2013 City State Zip Code Transaction ID: SA11AI.20261 TX Austin 78717 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Harden Healthcare Services Senior Vice President, Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) c. Wendi Bray Date of Receipt Mailing Address 15705 Edenderry Dr 28 06 2013 City State Zip Code Transaction ID: SA11AI.20501 TX Austin 78717 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Senior Vice President, Finance Harden Healthcare Services Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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r each category of the etailed Summary Page	Ì Ì⋝	11a		11b		11c		12			
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	nd Statements may not be sold or used by any pers g the name and address of any political committee t	
NAME OF COMMITTEE (In Full)	eral DAC	
Harden Healthcare LLC Fede	eiai PAC 	
Full Name (Last, First, Middle Initial) A. Richard W Breuss III		Date of Receipt
Mailing Address 6175 Colt Dr		01 07 2013
City	State Zip Code	Transaction ID : SA11AI.17449
West Des Moines	IA 50131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	†
Voyager Hospice	Regional Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	50.00	
Full Name (Last, First, Middle Initial) Richard W Breuss III		Date of Receipt
Mailing Address 6175 Colt Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	01 22 2013 Transaction ID : SA11AI.17739
West Des Moines	IA 50131	Amount of Each Receipt this Period
FEC ID number of contributing	50.5	sart of Edon Hoodipt this I Gliod
federal political committee.	C	50.00
Name of Employer	Occupation	
Voyager Hospice	Regional Vice President	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	100.00	
Full Name (Last, First, Middle Initial)		Data of Division
Richard W Breuss III		Date of Receipt
Mailing Address 6175 Colt Dr		02 07 2013
City	State Zip Code	Transaction ID : SA11AI.18018
West Des Moines	IA 50131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	1
Voyager Hospice	Regional Vice President	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	150.00	
SUBTOTAL of Receipts This Page (optiona	I)	150.00
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TOTAL This Period (last page this line num	ber only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fed	ng the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard W Breuss III Mailing Address 6175 Colt Dr City West Des Moines FEC ID number of contributing federal political committee. Name of Employer Voyager Hospice Receipt For: Primary General Other (specify)	State Zip Code IA 50131 C Occupation Regional Vice President Aggregate Year-to-Date 200.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Richard W Breuss III Mailing Address 6175 Colt Dr		Date of Receipt
City West Des Moines FEC ID number of contributing federal political committee.	State Zip Code IA 50131	03 07 2013 Transaction ID : SA11AI.18553 Amount of Each Receipt this Period 50.00
Name of Employer Voyager Hospice Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Regional Vice President Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Richard W Breuss III Mailing Address 6175 Colt Dr City West Des Moines FEC ID number of contributing federal political committee. Name of Employer Voyager Hospice	State Zip Code IA 50131 C Occupation Regional Vice President	Date of Receipt 03 22 2013 Transaction ID : SA11AI.18819 Amount of Each Receipt this Period 50.00
Voyager Hospice Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	al)	150.00
TOTAL This Period (last page this line nur	mber only)	

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for each category of the Detailed Summary Page 14 13 15 16 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) Richard W Breuss III Date of Receipt Mailing Address 6175 Colt Dr 04 05 2013 City Zip Code State Transaction ID: SA11AI.19074 West Des Moines IΑ 50131 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Voyager Hospice Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy R Brittingham Date of Receipt Mailing Address 2807 S Gary Ave 01 2013 11 City State Zip Code Transaction ID: SA11AI.17592 OK Tulsa 74114 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation Girling Community Care Regional Manager, Oklahoma Receipt For: Aggregate Year-to-Date ▼ Primary General 60.00 Other (specify) Full Name (Last, First, Middle Initial) c. Timothy R Brittingham Date of Receipt Mailing Address 2807 S Gary Ave 28 01 2013 City State Zip Code Transaction ID: SA11AI.17872 OK Tulsa 74114 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation Girling Community Care Regional Manager, Oklahoma Receipt For: Aggregate Year-to-Date ▼ Primary General 120.00 Other (specify) 170.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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) Timothy R Brittingham Date of Receipt Mailing Address 2807 S Gary Ave 2013 13 City Zip Code State Transaction ID: SA11AI.18144 OK Tulsa 74114 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation Regional Manager, Oklahoma Girling Community Care Receipt For: Aggregate Year-to-Date ▼ Primary General 180.00 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy R Brittingham Date of Receipt Mailing Address 2807 S Gary Ave 02 28 2013 City State Zip Code Transaction ID: SA11AI.18420 OK Tulsa 74114 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation Girling Community Care Regional Manager, Oklahoma Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Timothy R Brittingham Date of Receipt Mailing Address 2807 S Gary Ave 03 13 2013 City State Zip Code Transaction ID: SA11AI.18674 OK Tulsa 74114 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation Girling Community Care Regional Manager, Oklahoma Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	eral PAC	
Full Name (Last, First, Middle Initial) Timothy R Brittingham Mailing Address 2007 C Care Aug		Date of Receipt
Mailing Address 2807 S Gary Ave		03 28 2013
City	State Zip Code	Transaction ID : SA11AI.18942
Tulsa	OK 74114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	1
Girling Community Care	Regional Manager, Oklahoma	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) Timothy R Brittingham	•	Date of Receipt
Mailing Address 2807 S Gary Ave		04 12 2013
City	State Zip Code	Transaction ID : SA11AI.19206
Tulsa	OK 74114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	1
Girling Community Care	Regional Manager, Oklahoma	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	420.00	
Full Name (Last, First, Middle Initial) C. Timothy R Brittingham	<u>'</u>	Date of Receipt
Mailing Address 2807 S Gary Ave		04 26 2013
City	State Zip Code	Transaction ID : SA11AI.19468
Tulsa	OK 74114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	1
Girling Community Care	Regional Manager, Oklahoma	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	480.00	
SUBTOTAL of Receipts This Page (optional)	180.00
TOTAL This Period (last page this line numl	per only)	

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Detailed Summary Page	13	14	15	16	Г

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Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	eral PAC	
Full Name (Last, First, Middle Initial) Timothy R Brittingham Mailing Address 2007 S Con Ave		Date of Receipt
Mailing Address 2807 S Gary Ave		05 13 2013
City	State Zip Code	Transaction ID : SA11AI.19725
Tulsa	OK 74114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	1
Girling Community Care	Regional Manager, Oklahoma	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	540.00	
Full Name (Last, First, Middle Initial) Timothy R Brittingham		Date of Receipt
Mailing Address 2807 S Gary Ave		05 28 2013
City	State Zip Code	Transaction ID : SA11AI.19987
Tulsa	OK 74114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
Girling Community Care	Regional Manager, Oklahoma	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	600.00	
Full Name (Last, First, Middle Initial) C. Timothy R Brittingham	•	Date of Receipt
Mailing Address 2807 S Gary Ave		06 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tulsa	State Zip Code OK 74114	Transaction ID : SA11AI.20245
	74114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
Girling Community Care	Regional Manager, Oklahoma	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	660.00	
SUBTOTAL of Receipts This Page (optional))	180.00
TOTAL This Period (last page this line numb	per only)	

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

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NAME OF COMMITTEE (In Full)		
Harden Healthcare LLC Fede	rai PAC	
Full Name (Last, First, Middle Initial) Timothy R Brittingham		Date of Receipt
Mailing Address 2807 S Gary Ave		06 28 2013
City	State Zip Code	Transaction ID : SA11AI.20502
Tulsa	OK 74114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	1
Girling Community Care	Regional Manager, Oklahoma	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	720.00	
Full Name (Last, First, Middle Initial) Stefanie L Cavanaugh		Date of Receipt
Mailing Address 12512 Deer Falls Dr		M M / D D / Y Y Y Y Y
City	State Zip Code	01 15 2013 Transaction ID : \$411 At 17514
Austin	TX 78729	Transaction ID : SA11AI.17614 Amount of Each Receipt this Period
		Amount of Lacif neceipt tris Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	7
Harden Healthcare Services	Finance]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	200.00	
Full Name (Last, First, Middle Initial) Stefanie L Cavanaugh		Date of Receipt
Mailing Address 12512 Deer Falls Dr		01 31 2013
City	State Zip Code	Transaction ID : SA11AI.17892
Austin	TX 78729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	1
Harden Healthcare Services	Finance]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00.0	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional).		460.00
TOTAL This Period (last page this line numb	er only)	

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for each category of the Detailed Summary Page 14 13 15 16 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) Stefanie L Cavanaugh Date of Receipt Mailing Address 12512 Deer Falls Dr 15 2013 City State Zip Code Transaction ID: SA11AI.18164 TX Austin 78729 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Name of Employer Occupation Harden Healthcare Services **Finance** Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stefanie L Cavanaugh Date of Receipt Mailing Address 12512 Deer Falls Dr 02 28 2013 City State Zip Code Transaction ID: SA11AI.18426 TX Austin 78729 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Harden Healthcare Services Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) c. Stefanie L Cavanaugh Date of Receipt Mailing Address 12512 Deer Falls Dr 03 15 2013 City State Zip Code Transaction ID: SA11AI.18696 TX Austin 78729 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Name of Employer Occupation Harden Healthcare Services Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

SCHEDULE A (FEC Form 3X)

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any p the name and address of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	ral PAC	
Full Name (Last, First, Middle Initial) Stefanie L Cavanaugh Mailing Address 12512 Deer Falls Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)	State Zip Code TX 78729 C Occupation Finance Aggregate Year-to-Date ▼ 1200.00	Date of Receipt Mark
Full Name (Last, First, Middle Initial) Stefanie L Cavanaugh Mailing Address 12512 Deer Falls Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)	State Zip Code TX 78729 C Occupation Finance Aggregate Year-to-Date ▼ 1400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Stefanie L Cavanaugh Mailing Address 12512 Deer Falls Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)	State Zip Code TX 78729 C Occupation Finance Aggregate Year-to-Date ▼ 1600.00	Date of Receipt 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 numb	er only)	

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

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Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Harden Healthcare LLC Federal	PAU	
Full Name (Last, First, Middle Initial) A. Stefanie L Cavanaugh		Date of Receipt
Mailing Address 12512 Deer Falls Dr		05 15 2013
City	State Zip Code	Transaction ID : SA11AI.19747
Austin	TX 78729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer	Occupation	
Harden Healthcare Services	Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1800.00	
Full Name (Last, First, Middle Initial) 3. Stefanie L Cavanaugh		Date of Receipt
Mailing Address 12512 Deer Falls Dr		05 31 2013
City	State Zip Code	Transaction ID : SA11AI.20009
Austin	TX 78729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Harden Healthcare Services	Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) C. Stefanie L Cavanaugh		Date of Receipt
Mailing Address 12512 Deer Falls Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	06 14 2013 Transaction ID : SA11AI.20267
Austin	TX 78729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Harden Healthcare Services	Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	2200.00	
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number of	only)	

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

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Stefanie L Cavanaugh Mailing Address 12512 Deer Falls Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)	State Zip Code TX 78729 C Occupation Finance Aggregate Year-to-Date ▼ 2400.00	Date of Receipt M M / 28 2013 Transaction ID: SA11AI.20508 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial) Cathi Coney Mailing Address 7207 Nine Oaks Cv City Austin FEC ID number of contributing federal political committee. Name of Employer MBS Pharmacy Receipt For: Primary General Other (specify)	State Zip Code TX 78759 C Occupation Vice President, Operations Aggregate Year-to-Date ▼ 25.00	Date of Receipt O1 07 2013 Transaction ID: SA11AI.17464 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Cathi Coney Mailing Address 7207 Nine Oaks Cv City Austin FEC ID number of contributing federal political committee. Name of Employer MBS Pharmacy Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78759 C Occupation Vice President, Operations Aggregate Year-to-Date ▼ 50.00	Date of Receipt O1 22 2013 Transaction ID: SA11AI.17754 Amount of Each Receipt this Period 25.00
SUBTOTAL of Receipts This Page (optional)	>	250.00

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

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	al PAC	
Full Name (Last, First, Middle Initial) Cathi Coney Mailing Address 7207 Nine Oaks Cv		Date of Receipt
City Austin FEC ID number of contributing federal political committee. Name of Employer MBS Pharmacy Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code TX 78759 C Occupation Vice President, Operations Aggregate Year-to-Date ▼ 75.00	Transaction ID : SA11AI.18031 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Cathi Coney Mailing Address 7207 Nine Oaks Cv City Austin FEC ID number of contributing federal political committee. Name of Employer MBS Pharmacy Receipt For: Primary General Other (specify)	State Zip Code TX 78759 C Occupation Vice President, Operations Aggregate Year-to-Date ▼ 100.00	Date of Receipt 02 22 2013 Transaction ID: SA11AI.18301 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Cathi Coney Mailing Address 7207 Nine Oaks Cv City Austin FEC ID number of contributing federal political committee. Name of Employer MBS Pharmacy Receipt For: Primary General Other (specify)	State Zip Code TX 78759 C Occupation Vice President, Operations Aggregate Year-to-Date ▼	Date of Receipt 03 07 2013 Transaction ID: SA11Al.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	r only)	

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	II PAC	
Full Name (Last, First, Middle Initial) Cathi Coney Mailing Address, 7207 Nine Oaks Co.		Date of Receipt
Mailing Address 7207 Nine Oaks Cv	ı	03 22 2013
City	State Zip Code	Transaction ID : SA11AI.18832
Austin	TX 78759	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
MBS Pharmacy	Vice President, Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	
Full Name (Last, First, Middle Initial) Cathi Coney		Date of Receipt
Mailing Address 7207 Nine Oaks Cv		04 08 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.19121
Austin	TX 78759	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer MBS Pharmacy	Occupation Vice President, Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	175.00	
Full Name (Last, First, Middle Initial) C. Cathi Coney		Date of Receipt
Mailing Address 7207 Nine Oaks Cv		04 22 2013
City Austin	State Zip Code TX 78759	Transaction ID : SA11AI.19358 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
MBS Pharmacy	Vice President, Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	200.00	
SUBTOTAL of Receipts This Page (optional)		75.00
TOTAL This Period (last page this line number	<u>^</u>	

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27 OF 186 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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) Cathi Coney Date of Receipt Mailing Address 7207 Nine Oaks Cv 07 2013 City State Zip Code Transaction ID: SA11AI.19615 TX 78759 Austin Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Vice President, Operations MBS Pharmacv Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Cathi Coney Date of Receipt Mailing Address 7207 Nine Oaks Cv 05 22 2013 City State Zip Code Transaction ID: SA11AI.19875 TX Austin 78759 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation **MBS Pharmacy** Vice President, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Cathi Coney Date of Receipt Mailing Address 7207 Nine Oaks Cv 06 07 2013 City State Zip Code Transaction ID: SA11AI.20132 TX Austin 78759 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation MBS Pharmacy Vice President, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify)

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75.00

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

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

FOR LINE NUMBER: PAGE 28 OF 186 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16 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) Cathi Coney Date of Receipt Mailing Address 7207 Nine Oaks Cv 2013 21 City State Zip Code Transaction ID: SA11AI.20385 TX 78759 Austin Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Vice President, Operations MBS Pharmacv Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. James Wayne Douglas Date of Receipt Mailing Address 4701 Circle Oak Cv 01 15 2013 City State Zip Code Transaction ID: SA11AI.17624 TX Austin 78749 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Girling Community Care President Receipt For: Aggregate Year-to-Date ▼ Primary General 100.00 Other (specify) Full Name (Last, First, Middle Initial) c. James Wayne Douglas Date of Receipt Mailing Address 4701 Circle Oak Cv 01 31 2013 City State Zip Code Transaction ID: SA11AI.17903 TX Austin 78749 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation President Girling Community Care Receipt For: Aggregate Year-to-Date ▼ Primary General 200.00 Other (specify)

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225.00

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

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Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full)	DAG.	
Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) 1. James Wayne Douglas		Date of Receipt
Mailing Address 4701 Circle Oak Cv		02 15 2013
City	State Zip Code	Transaction ID : SA11AI.18174
Austin	TX 78749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Girling Community Care	President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) James Wayne Douglas		Date of Receipt
Mailing Address 4701 Circle Oak Cv		02 28 _2013 _
City	State Zip Code	Transaction ID : SA11AI.18437
Austin	TX 78749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Girling Community Care	President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) C. James Wayne Douglas		Date of Receipt
Mailing Address 4701 Circle Oak Cv		03 15 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.18708
Austin	TX 78749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Girling Community Care	President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	>	300.00
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FOR LINE NUMBER: PAGE 30 OF 186 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 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) James Wayne Douglas Date of Receipt Mailing Address 4701 Circle Oak Cv 2013 03 29 City State Zip Code Transaction ID: SA11AI.18975 TX 78749 Austin Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Girling Community Care President Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. James Wayne Douglas Date of Receipt Mailing Address 4701 Circle Oak Cv 04 15 2013 City State Zip Code Transaction ID: SA11AI.19237 TX Austin 78749 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Girling Community Care President Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) c. James Wayne Douglas Date of Receipt Mailing Address 4701 Circle Oak Cv 30 04 2013 City State Zip Code Transaction ID: SA11AI.19500 TX Austin 78749 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation President Girling Community Care Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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for each category of the Detailed Summary Page 14 13 15 16 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) James Wayne Douglas Date of Receipt Mailing Address 4701 Circle Oak Cv 15 2013 City State Zip Code Transaction ID: SA11AI.19759 TX 78749 Austin Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Girling Community Care President Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) B. James Wayne Douglas Date of Receipt Mailing Address 4701 Circle Oak Cv 05 31 2013 City State Zip Code Transaction ID: SA11AI.20021 TX Austin 78749 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Girling Community Care President Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. James Wayne Douglas Date of Receipt Mailing Address 4701 Circle Oak Cv 06 14 2013 City State Zip Code Transaction ID: SA11AI.20279 TX Austin 78749 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation President Girling Community Care Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)	aral DAC	
Harden Healthcare LLC Fede	eral PAC	
Full Name (Last, First, Middle Initial) James Wayne Douglas		Date of Receipt
Mailing Address 4701 Circle Oak Cv		06 28 2013
City	State Zip Code	Transaction ID : SA11AI.20521
Austin	TX 78749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Girling Community Care	President	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General	00 0	
Other (specify) ▼	1200.00	
Full Name (Last, First, Middle Initial) Dianne B Edwards		Date of Receipt
Mailing Address 6600 Lands End Ct		01 15 2013
City	State Zip Code	Transaction ID : SA11AI.17627
Fort Worth	TX 76116	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	25.00
Name of Employer	Occupation	
TRISUN Healthcare	Nurse Consultant]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	25.00	
Full Name (Last, First, Middle Initial) C. Dianne B Edwards		Date of Receipt
Mailing Address 6600 Lands End Ct		01 31 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.17906
Fort Worth	TX 76116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	-
TRISUN Healthcare	Nurse Consultant]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	50.00	
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Any ir 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) Dianne B Edwards Date of Receipt Mailing Address 6600 Lands End Ct 2013 15 City State Zip Code Transaction ID: SA11AI.18177 TX Fort Worth 76116 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Nurse Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 75.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dianne B Edwards Date of Receipt Mailing Address 6600 Lands End Ct 02 28 2013 City State Zip Code Transaction ID: SA11AI.18440 Fort Worth TX 76116 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare **Nurse Consultant** Receipt For: Aggregate Year-to-Date ▼ Primary General 100.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dianne B Edwards Date of Receipt Mailing Address 6600 Lands End Ct 03 15 2013 City State Zip Code Transaction ID: SA11AI.18711 TX Fort Worth 76116 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation **Nurse Consultant** TRISUN Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 125.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa		to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dianne B Edwards Mailing Address 6600 Lands End Ct City Fort Worth FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify)	State Zip Code TX 76116 C Occupation Nurse Consultant Aggregate Year-to-Date ▼	Date of Receipt 03 29 2013 Transaction ID: SA11AI.18978 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Dianne B Edwards Mailing Address 6600 Lands End Ct		Date of Receipt 04 15 2013
City Fort Worth	State Zip Code TX 76116	Transaction ID : SA11AI.19240 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer TRISUN Healthcare	Occupation Nurse Consultant	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address 6600 Lands End Ct		04 30 2013
City Fort Worth	State Zip Code TX 76116	Transaction ID : SA11AI.19503 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	1
TRISUN Healthcare Receipt For:	Nurse Consultant Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		75.00
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for each category of the 12 Detailed Summary Page 14 13 15 16 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) Dianne B Edwards Date of Receipt Mailing Address 6600 Lands End Ct 2013 15 City State Zip Code Transaction ID: SA11AI.19762 TX Fort Worth 76116 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Nurse Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dianne B Edwards Date of Receipt Mailing Address 6600 Lands End Ct 05 31 2013 City State Zip Code Transaction ID: SA11AI.20024 Fort Worth TX 76116 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Nurse Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dianne B Edwards Date of Receipt Mailing Address 6600 Lands End Ct 06 14 2013 City State Zip Code Transaction ID: SA11AI.20282 TX Fort Worth 76116 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation

75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

275.00

Nurse Consultant

Aggregate Year-to-Date ▼

TRISUN Healthcare Receipt For:

Primary

Other (specify)

General

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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		06 28 2013
City	State Zip Code	Transaction ID : SA11AI.20524
Fort Worth	TX 76116	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
TRISUN Healthcare	Nurse Consultant	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) B. Scott Ellyson		Date of Receipt
Mailing Address 824 Stonewall Ridge		01 15 2013
City	State Zip Code	Transaction ID : SA11AI.17629
Austin	TX 78746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	_
Harden Healthcare	Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	100.00	
Full Name (Last, First, Middle Initial) C. Scott Ellyson		Date of Receipt
Mailing Address 824 Stonewall Ridge		01 31 2013
City	State Zip Code	Transaction ID : SA11AI.17908
Austin	TX 78746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Harden Healthcare	Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggregate real to bate v	
Other (specify) ▼	200.00	
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186 Use separate schedule(s) for each category of the Detailed Summary Page 14 13 15 16 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) Scott Ellyson Date of Receipt Mailing Address 824 Stonewall Ridge 15 2013 City State Zip Code Transaction ID: SA11AI.18179 TX 78746 Austin Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Chief Financial Officer Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Scott Ellyson Date of Receipt Mailing Address 824 Stonewall Ridge 02 28 2013 City State Zip Code Transaction ID: SA11AI.18442 TX Austin 78746 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Harden Healthcare Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Scott Ellyson Date of Receipt Mailing Address 824 Stonewall Ridge 03 15 2013 City State Zip Code Transaction ID: SA11AI.18713 TX Austin 78746 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Chief Financial Officer Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fedel		to solicit contributions from Such committee.
Full Name (Last, First, Middle Initial) Scott Ellyson Mailing Address 824 Stonewall Ridge City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78746 C Occupation Chief Financial Officer Aggregate Year-to-Date ▼ 600.00	Date of Receipt 03 29 2013 Transaction ID: SA11AI.18980 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Scott Ellyson Mailing Address 824 Stonewall Ridge City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78746 C Occupation Chief Financial Officer Aggregate Year-to-Date ▼ 700.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Scott Ellyson Mailing Address 824 Stonewall Ridge City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify)	State Zip Code TX 78746 C Occupation Chief Financial Officer Aggregate Year-to-Date ▼ 800.00	Date of Receipt M
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for each category of the 12 Detailed Summary Page 14 13 15 16 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) Scott Ellyson Date of Receipt Mailing Address 824 Stonewall Ridge 2013 15 City State Zip Code Transaction ID: SA11AI.19764 TX 78746 Austin Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Chief Financial Officer Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) B. Scott Ellyson Date of Receipt Mailing Address 824 Stonewall Ridge 05 31 2013 City State Zip Code Transaction ID: SA11AI.20026 TX Austin 78746 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Harden Healthcare Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Scott Ellyson Date of Receipt Mailing Address 824 Stonewall Ridge 06 14 2013 City State Zip Code Transaction ID: SA11AI.20283 TX Austin 78746 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Chief Financial Officer Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC	
Full Name (Last, First, Middle Initial) A. Scott Ellyson Mailing Address 824 Stonewall Ridge	Date of Receipt	
		06 28 2013
City	State Zip Code	Transaction ID : SA11AI.20526
Austin	TX 78746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Harden Healthcare	Chief Financial Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
	1200.00	
Full Name (Last, First, Middle Initial) B. Bradford W Evans	1	Date of Receipt
Mailing Address 400 E Red Bridge Rd		01 07 _2013 _
City	State Zip Code	Transaction ID : SA11AI.17474
Kansas City	MO 67131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Hospice Care of Kansas	Occupation Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	50.00	
Full Name (Last, First, Middle Initial) Bradford W Evans		Date of Receipt
Mailing Address 400 E Red Bridge Rd		01 22 2013
City Kansas City	State Zip Code MO 67131	Transaction ID : SA11AI.17763 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Hospice Care of Kansas	Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	100.00	
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	al PAC	
Full Name (Last, First, Middle Initial) A. Bradford W Evans		Date of Receipt
Mailing Address 400 E Red Bridge Rd		02 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.18040
Kansas City	MO 67131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Hospice Care of Kansas	Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	150.00	
Full Name (Last, First, Middle Initial) 3. Bradford W Evans		Date of Receipt
Mailing Address 400 E Red Bridge Rd		02
City	State Zip Code	Transaction ID : SA11AI.18310
Kansas City	MO 67131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Hospice Care of Kansas	Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	
Full Name (Last, First, Middle Initial) Bradford W Evans		Date of Receipt
Mailing Address 400 E Red Bridge Rd		03 07 2013
City	State Zip Code	Transaction ID : SA11AI.18575
Kansas City	MO 67131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Hospice Care of Kansas	Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	•	150.00
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bradford W Evans Mailing Address 400 E Red Bridge Rd City Kansas City FEC ID number of contributing federal political committee. Name of Employer Hospice Care of Kansas Receipt For: Primary General Other (specify)	State Zip Code MO 67131 C Occupation Director Aggregate Year-to-Date ▼ 300.00	Date of Receipt 03 22 2013 Transaction ID: SA11AI.18841 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Bradford W Evans Mailing Address 400 E Red Bridge Rd City Kansas City FEC ID number of contributing federal political committee. Name of Employer Hospice Care of Kansas Receipt For: Primary General Other (specify)	State Zip Code MO 67131 C Occupation Director Aggregate Year-to-Date ▼ 350.00	Date of Receipt 04 05 2013 Transaction ID: SA11AI.19080 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Bradford W Evans Mailing Address 400 E Red Bridge Rd City Kansas City FEC ID number of contributing federal political committee. Name of Employer Hospice Care of Kansas Receipt For: Primary General Other (specify)	State Zip Code MO 67131 C Occupation Director Aggregate Year-to-Date ▼ 400.00	Date of Receipt 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 numl	per only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	the name and address of any political committee eral PAC	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bradford W Evans Mailing Address 400 E Red Bridge Rd City Kansas City FEC ID number of contributing federal political committee. Name of Employer Hospice Care of Kansas Receipt For: Primary General Other (specify)	State Zip Code MO 67131 C Occupation Director Aggregate Year-to-Date ▼ 450.00	Date of Receipt 05 07 2013 Transaction ID: SA11AI.19624 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Bradford W Evans Mailing Address 400 E Red Bridge Rd City Kansas City FEC ID number of contributing federal political committee. Name of Employer Hospice Care of Kansas Receipt For: Primary General Other (specify)	State Zip Code MO 67131 C Occupation Director Aggregate Year-to-Date ▼ 500.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Bradford W Evans Mailing Address 400 E Red Bridge Rd City Kansas City FEC ID number of contributing federal political committee. Name of Employer Hospice Care of Kansas Receipt For: Primary General Other (specify)	State Zip Code MO 67131 C Occupation Director Aggregate Year-to-Date ▼ 550.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line numl	ber only)	

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for each category of the Detailed Summary Page 14 13 15 16 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) Bradford W Evans Date of Receipt Mailing Address 400 E Red Bridge Rd 2013 21 City Zip Code State Transaction ID: SA11AI.20393 MO Kansas City 67131 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Hospice Care of Kansas Director Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia A (Tricia) Fox Date of Receipt Mailing Address PO Box 190 01 15 2013 City State Zip Code Transaction ID: SA11AI.17635 TX Florence 76527 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Girling Home Health Vice President, Rehab Receipt For: Aggregate Year-to-Date ▼ Primary General 50.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia A (Tricia) Fox Date of Receipt Mailing Address PO Box 190 01 31 2013 City Zip Code State Transaction ID: SA11AI.17914 TX Florence 76527 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Vice President, Rehab Girling Home Health Receipt For: Aggregate Year-to-Date ▼ Primary General 100.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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NAME OF COMMITTEE (In Full)		
Harden Healthcare LLC Federa	al PAC	
Full Name (Last, First, Middle Initial) Patricia A (Tricia) Fox		Date of Receipt
Mailing Address PO Box 190		02 15 2013
City	State Zip Code	Transaction ID : SA11AI.18185
Florence	TX 76527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Girling Home Health	Vice President, Rehab	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	150.00	
Full Name (Last, First, Middle Initial) Patricia A (Tricia) Fox		Date of Receipt
Mailing Address PO Box 190		M = M / D = D / Y = Y = Y
City	State Zip Code	02 28 2013 Transaction ID : \$A11 A1 18447
Florence	TX 76527	Transaction ID : SA11AI.18447 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
Name of Employer	Occupation	
Girling Home Health	Vice President, Rehab	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	200.00	
Full Name (Last, First, Middle Initial) C. Patricia A (Tricia) Fox		Date of Receipt
Mailing Address PO Box 190		03 15 2013
City	State Zip Code	Transaction ID : SA11AI.18719
Florence	TX 76527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Girling Home Health	Vice President, Rehab	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		150.00
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NAME OF COMMITTEE (In Full)		
Harden Healthcare LLC Fed	neral PAC	
Full Name (Last, First, Middle Initial) Patricia A (Tricia) Fox		Date of Receipt
Mailing Address PO Box 190		03 29 2013
City	State Zip Code	Transaction ID : SA11AI.18984
Florence	TX 76527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Girling Home Health	Vice President, Rehab	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Patricia A (Tricia) Fox	<u> </u>	Date of Receipt
Mailing Address PO Box 190		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	04 15 2013 Transaction ID : \$41141 19248
Florence	TX 76527	Transaction ID : SA11AI.19248 Amount of Each Receipt this Period
FEC ID number of contributing		,sant of Laon Hooeipt tills Fellou
federal political committee.	C	50.00
Name of Employer	Occupation	
Girling Home Health	Vice President, Rehab	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) C. Patricia A (Tricia) Fox		Date of Receipt
Mailing Address PO Box 190		04 30 2013
City	State Zip Code	Transaction ID : SA11AI.19509
Florence	TX 76527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	1
Girling Home Health	Vice President, Rehab	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
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NAME OF COMMITTEE (In Full)		
Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Patricia A (Tricia) Fox		Date of Receipt
Mailing Address PO Box 190		05 15 <u>Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y</u>
City	State Zip Code	Transaction ID : SA11AI.19769
Florence	TX 76527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
Girling Home Health	Vice President, Rehab	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Patricia A (Tricia) Fox		Date of Receipt
Mailing Address PO Box 190		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	05 31 2013 Transaction ID : SA11Al.20031
Florence	TX 76527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Girling Home Health	Vice President, Rehab	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Patricia A (Tricia) Fox		Date of Receipt
Mailing Address PO Box 190		06 14 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.20288
Florence	TX 76527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Girling Home Health	Vice President, Rehab	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number of	only)	

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NAME OF COMMITTEE (In Full)		
Harden Healthcare LLC Feder	rai PAC	
Full Name (Last, First, Middle Initial) A. Patricia A (Tricia) Fox		Date of Receipt
Mailing Address PO Box 190		06 28 2013
City	State Zip Code	Transaction ID : SA11AI.20531
Florence	TX 76527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	75.00
Name of Employer	Occupation	
Girling Home Health	Vice President, Rehab	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	205.00	
Other (specify) ▼	625.00	
Full Name (Last, First, Middle Initial) Lori Don McNamee Gregory	•	Date of Receipt
Mailing Address 555 E 5th St Apt 2819		01 15 2013
City	State Zip Code	Transaction ID : SA11AI.17639
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Harden Healthcare Services	Chief Compliance Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	25.00	
Full Name (Last, First, Middle Initial) C. Lori Don McNamee Gregory		Date of Receipt
Mailing Address 555 E 5th St Apt 2819		01 31 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.17918
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Harden Healthcare Services	Chief Compliance Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	50.00	
SUBTOTAL of Receipts This Page (optional).		125.00
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NAME OF COMMITTEE (In Full)		
Harden Healthcare LLC Fede	eral PAC	
Full Name (Last, First, Middle Initial) Lori Don McNamee Gregory		Date of Receipt
Mailing Address 555 E 5th St Apt 2819		02 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.18189
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	1
Harden Healthcare Services	Chief Compliance Officer	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General	0.0	
Other (specify) ▼	75.00	
Full Name (Last, First, Middle Initial) 3. Lori Don McNamee Gregory		Date of Receipt
Mailing Address 555 E 5th St Apt 2819		02 28 _2013 _
City	State Zip Code	Transaction ID : SA11AI.18451
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	25.00
Name of Employer	Occupation	
Harden Healthcare Services	Chief Compliance Officer	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	100.00	
Full Name (Last, First, Middle Initial) Lori Don McNamee Gregory		Date of Receipt
Mailing Address 555 E 5th St Apt 2819		03 15 2013
City	State Zip Code	Transaction ID : SA11AI.18723
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	-
Harden Healthcare Services	Chief Compliance Officer	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	125.00	
Other (specify) ▼	125.00	
SUBTOTAL of Receipts This Page (optional))	75.00
TOTAL This Period (last page this line numb	per only)	

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

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12 Detailed Summary Page 14 13 15 16 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) Lori Don McNamee Gregory Date of Receipt Mailing Address 555 E 5th St Apt 2819 2013 03 29 City Zip Code State Transaction ID: SA11AI.18989 TX 78703 Austin Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Chief Compliance Officer Harden Healthcare Services Receipt For: Aggregate Year-to-Date ▼ Primary General 150.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lori Don McNamee Gregory Date of Receipt Mailing Address 555 E 5th St Apt 2819 04 15 2013 City State Zip Code Transaction ID: SA11AI.19253 TX Austin 78703 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Harden Healthcare Services Chief Compliance Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 175.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lori Don McNamee Gregory Date of Receipt Mailing Address 555 E 5th St Apt 2819 30 04 2013 City State Zip Code Transaction ID: SA11AI.19513 TX Austin 78703 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Chief Compliance Officer Harden Healthcare Services Receipt For: Aggregate Year-to-Date ▼ Primary General 200.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	ral PAC	
Full Name (Last, First, Middle Initial) Lori Don McNamee Gregory Mailing Address 555 E 5th St Apt 2819		Date of Receipt
		05 15 2013
City	State Zip Code	Transaction ID : SA11AI.19774
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Harden Healthcare Services	Chief Compliance Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Lori Don McNamee Gregory Mailing Address 555 E 5th St Apt 2819		Date of Receipt
300 E 301 Ot Apt 2013		05 31 2013
City	State Zip Code	Transaction ID : SA11AI.20036
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Harden Healthcare Services	Chief Compliance Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Lori Don McNamee Gregory		Date of Receipt
Mailing Address 555 E 5th St Apt 2819		06 14 2013
City Austin	State Zip Code TX 78703	Transaction ID : SA11AI.20293 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Harden Healthcare Services	Chief Compliance Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	275.00	
SUBTOTAL of Receipts This Page (optional)	>	75.00
TOTAL This Period (last page this line number	er only)	

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for each category of the Detailed Summary Page 14 13 15 16 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) Lori Don McNamee Gregory Date of Receipt Mailing Address 555 E 5th St Apt 2819 2013 06 28 City State Zip Code Transaction ID: SA11AI.20535 TX 78703 Austin Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Chief Compliance Officer Harden Healthcare Services Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elaine Hall Date of Receipt Mailing Address 6480 County Road 321 01 07 2013 City State Zip Code Transaction ID: SA11AI.17485 TX **Blanket** 76432 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Lighthouse Hospice Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 25.00 Other (specify) Full Name (Last, First, Middle Initial) c. Elaine Hall Date of Receipt Mailing Address 6480 County Road 321 01 22 2013 City State Zip Code Transaction ID: SA11AI.17774 TX **Blanket** 76432 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Administrator Lighthouse Hospice Receipt For: Aggregate Year-to-Date ▼ Primary General 50.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC Full Name (Last, First, Middle Initial) Elaine Hall Date of Receipt Mailing Address 6480 County Road 321 07 2013 City State Zip Code Transaction ID: SA11AI.18051 TX Blanket 76432 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Administrator Lighthouse Hospice Receipt For: Aggregate Year-to-Date ▼ Primary General 75.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elaine Hall Date of Receipt Mailing Address 6480 County Road 321 02 22 2013 City State Zip Code Transaction ID: SA11AI.18322 **Blanket** TX 76432 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Lighthouse Hospice Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 100.00 Other (specify) Full Name (Last, First, Middle Initial) c. Elaine Hall Date of Receipt Mailing Address 6480 County Road 321 07 2013 03 Zip Code City State Transaction ID: SA11AI.18585 TX **Blanket** 76432 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Administrator Lighthouse Hospice Receipt For: Aggregate Year-to-Date ▼ Primary General 125.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa		
Full Name (Last, First, Middle Initial) A. Elaine Hall Mailing Address 6480 County Road 331		Date of Receipt
Mailing Address 6480 County Road 321		03 22 2013
City Blanket	State Zip Code TX 76432	Transaction ID : SA11AI.18852 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Lighthouse Hospice Receipt For: Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date ▼ 150.00	
Full Name (Last, First, Middle Initial) B. Elaine Hall Mailing Address 6480 County Road 321		Date of Receipt
City Blanket FEC ID number of contributing federal political committee.	State Zip Code TX 76432	04 05 2013 Transaction ID : SA11AI.19085 Amount of Each Receipt this Period 25.00
Name of Employer Lighthouse Hospice Receipt For: Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date ▼ 175.00	
Full Name (Last, First, Middle Initial) Elaine Hall Mailing Address 6480 County Road 321 City	State Zip Code	Date of Receipt 04 22 2013 Transaction ID: SA11AI.19378
Blanket FEC ID number of contributing federal political committee.	TX 76432	Amount of Each Receipt this Period 25.00
Name of Employer Lighthouse Hospice Receipt For: Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date ▼ 200.00	
SUBTOTAL of Receipts This Page (optional)		75.00
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for each category of the Detailed Summary Page 14 13 15 16 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) Elaine Hall Date of Receipt Mailing Address 6480 County Road 321 07 2013 City State Zip Code Transaction ID: SA11AI.19635 TX Blanket 76432 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Administrator Lighthouse Hospice Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elaine Hall Date of Receipt Mailing Address 6480 County Road 321 05 22 2013 City State Zip Code Transaction ID: SA11AI.19895 TX **Blanket** 76432 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Lighthouse Hospice Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Elaine Hall Date of Receipt Mailing Address 6480 County Road 321 06 07 2013 City State Zip Code Transaction ID: SA11AI.20152 TX **Blanket** 76432 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Administrator Lighthouse Hospice Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	I PAC	
Full Name (Last, First, Middle Initial) Lack Elaine Hall		Date of Receipt
Mailing Address 6480 County Road 321		06 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Blanket	State Zip Code TX 76432	Transaction ID : SA11AI.20404 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer Lighthouse Hospice Receipt For: Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Eric J Hansum Mailing Address 3005 Chatelaine Dr		Date of Receipt
City Austin FEC ID number of contributing federal political committee.	State Zip Code TX 78746	01 15 2013 Transaction ID: SA11AI.17644 Amount of Each Receipt this Period 50.00
Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	Occupation Legal Aggregate Year-to-Date ▼ 50.00	
Full Name (Last, First, Middle Initial) Eric J Hansum Mailing Address 3005 Chatelaine Dr City	State Zip Code	Date of Receipt O1 31 2013 Transaction ID : SA11AI.17922
Austin FEC ID number of contributing federal political committee.	TX 78746	Amount of Each Receipt this Period 50.00
Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	Occupation Legal Aggregate Year-to-Date ▼ 100.00	
SUBTOTAL of Receipts This Page (optional)		125.00
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NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·	
Harden Healthcare LLC Federa	II PAC	
Full Name (Last, First, Middle Initial) A. Eric J Hansum		Date of Receipt
Mailing Address 3005 Chatelaine Dr		02 15 2013
City	State Zip Code	Transaction ID : SA11AI.18193
Austin	TX 78746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Harden Healthcare	Legal	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	150.00	
Full Name (Last, First, Middle Initial) 3. Eric J Hansum		Date of Receipt
Mailing Address 3005 Chatelaine Dr		02 28 2013
City	State Zip Code	Transaction ID : SA11AI.18455
Austin	TX 78746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Harden Healthcare	Legal	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	
Full Name (Last, First, Middle Initial) C. Eric J Hansum		Date of Receipt
Mailing Address 3005 Chatelaine Dr		03 15 2013
City	State Zip Code	Transaction ID: SA11AI.18727
Austin	TX 78746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
Harden Healthcare	Legal	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
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NAME OF COMMITTEE (In Full)	lovel DAC	
Harden Healthcare LLC Fed	ierai PAC	
Full Name (Last, First, Middle Initial) A. Eric J Hansum		Date of Receipt
Mailing Address 3005 Chatelaine Dr		03 29 2013
City	State Zip Code	Transaction ID : SA11AI.18993
Austin	TX 78746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	†
Harden Healthcare	Legal	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Eric J Hansum		Date of Receipt
Mailing Address 3005 Chatelaine Dr		04 15 2013
City	State Zip Code	Transaction ID : SA11AI.19257
Austin	TX 78746	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
Name of Employer	Occupation	7
Harden Healthcare	Legal	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 3005 Chatelaine Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	04 30 2013 Transaction ID : SA11AI.19517
Austin	TX 78746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	-
Harden Healthcare	Legal	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	400.00	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (options	al)	150.00
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NAME OF COMMITTEE (In Full)	oral DAC	
Harden Healthcare LLC Fed	eidi PAC	
Full Name (Last, First, Middle Initial) A. Eric J Hansum		Date of Receipt
Mailing Address 3005 Chatelaine Dr		06 28 2013
City	State Zip Code	Transaction ID : SA11AI.20539
Austin	TX 78746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	†
Harden Healthcare	Legal	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Tina Hilmas		Date of Receipt
Mailing Address 494 Countryside Dr		01 07 _2013 _
City	State Zip Code	Transaction ID : SA11AI.17489
Rolla	MO 65401	Amount of Each Receipt this Period
FEC ID number of contributing		1
federal political committee.	C	25.00
Name of Employer	Occupation	7
Girling Community Care	Director of Nursing	Ţ
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	25.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 494 Countryside Dr		01 22 2013
City	State Zip Code	Transaction ID : SA11AI.17776
Rolla	MO 65401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	-
Girling Community Care	Director of Nursing	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	50.00	
Other (specify) ▼	50.00	
SUBTOTAL of Receipts This Page (options	al)	100.00
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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fed	aral BAC	
/ Haruen Healthcare LLC Fed ——————	<u> = = = = = = = = = = = = = = = = = = =</u>	
Full Name (Last, First, Middle Initial) Tina Hilmas		Date of Receipt
Mailing Address 494 Countryside Dr		02 07 2013
City	State Zip Code	Transaction ID : SA11AI.18053
Rolla	MO 65401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	+
Girling Community Care	Director of Nursing	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	75.00	
Full Name (Last, First, Middle Initial) Tina Hilmas		Date of Receipt
Mailing Address 494 Countryside Dr		02 222013
City	State Zip Code	02 22 2013 Transaction ID : SA11AI.18324
Rolla	MO 65401	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	25.00
Name of Employer	Occupation	7
Girling Community Care	Director of Nursing	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	400.00	
Other (specify) ▼	100.00	
Full Name (Last, First, Middle Initial) C. Tina Hilmas		Date of Receipt
Mailing Address 494 Countryside Dr		03 07 2013
City	State Zip Code	Transaction ID : SA11Al.18587
Rolla	MO 65401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	-
Girling Community Care	Director of Nursing	j
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	125.00	
SUBTOTAL of Receipts This Page (ontional	ıl)	75.00
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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fed	eral PAC	
Full Name (Last, First, Middle Initial) Tina Hilmas		Date of Receipt
Mailing Address 494 Countryside Dr		03 22 2013
City	State Zip Code	Transaction ID : SA11AI.18854
Rolla	MO 65401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Girling Community Care	Director of Nursing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	150.00	
Full Name (Last, First, Middle Initial) Tina Hilmas		Date of Receipt
Mailing Address 494 Countryside Dr		04 05 2013 _
City	State Zip Code	Transaction ID : SA11AI.19086
Rolla	MO 65401	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	25.00
Name of Employer	Occupation	_
Girling Community Care	Director of Nursing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	175.00	
Full Name (Last, First, Middle Initial) Tina Hilmas	'	Date of Receipt
Mailing Address 494 Countryside Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	04 22 2013 Transaction ID : SA11AI.19380
Rolla	MO 65401	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	25.00
Name of Employer	Occupation	
Girling Community Care	Director of Nursing	4
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	200.00	
Cirici (specify)	255.00	
SUBTOTAL of Receipts This Page (optional	al)	75.00
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NAME OF COMMITTEE (In Full)		
Harden Healthcare LLC Federal	PAU	
Full Name (Last, First, Middle Initial) Tina Hilmas		Date of Receipt
Mailing Address 494 Countryside Dr		05 07 <u>Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y</u>
City	State Zip Code	Transaction ID : SA11AI.19637
Rolla	MO 65401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Girling Community Care	Director of Nursing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial) Tina Hilmas		Date of Receipt
Mailing Address 494 Countryside Dr		05 22 2013
City	State Zip Code	Transaction ID : SA11AI.19897
Rolla	MO 65401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Girling Community Care	Director of Nursing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Tina Hilmas		Date of Receipt
Mailing Address 494 Countryside Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	06 07 2013 Transaction ID : SA11AI.20154
Rolla	MO 65401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	
Girling Community Care	Director of Nursing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	275.00	
SUBTOTAL of Receipts This Page (optional)	>	75.00
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	al PAC	
Full Name (Last, First, Middle Initial) Tina Hilmas Mailing Address 494 Countryside Dr City Rolla FEC ID number of contributing federal political committee. Name of Employer Girling Community Care	State Zip Code MO 65401 C Occupation Director of Nursing	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Chelsea M Holden Mailing Address 1703 W. 5th Street, Ste. 700 City Austin FEC ID number of contributing federal political committee.	State Zip Code TX 78703	Date of Receipt 01 15 2013 Transaction ID: SA11AI.17650 Amount of Each Receipt this Period 25.00
Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	Occupation Government Relations Liaison Aggregate Year-to-Date ▼ 25.00	
Full Name (Last, First, Middle Initial) Chelsea M Holden Mailing Address 1703 W. 5th Street, Ste. 700 City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)	State Zip Code TX 78703 C Occupation Government Relations Liaison Aggregate Year-to-Date ▼ 50.00	Date of Receipt O1 31 2013 Transaction ID : SA11AI.17928 Amount of Each Receipt this Period 25.00
SUBTOTAL of Receipts This Page (optional)		75.00
TOTAL This Period (last page this line numbe	r only)	

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NAME OF COMMITTEE (In Full)		
Harden Healthcare LLC Fede	eral PAC	
Full Name (Last, First, Middle Initial) Chelsea M Holden		Date of Receipt
Mailing Address 1703 W. 5th Street, Ste. 70	00	02 15 2013
City	State Zip Code	Transaction ID : SA11AI.18199
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
Harden Healthcare Services	Government Relations Liaison	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	55 5	
Other (specify) ▼	70.00	
Full Name (Last, First, Middle Initial) Chelsea M Holden		Date of Receipt
Mailing Address 1703 W. 5th Street, Ste. 70	00	02 28 _2013 _
City	State Zip Code	Transaction ID : SA11AI.18462
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	20.00
Name of Employer	Occupation	
Harden Healthcare Services	Government Relations Liaison	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	90.00	
·	30.00	
Full Name (Last, First, Middle Initial) Chelsea M Holden		Date of Receipt
Mailing Address 1703 W. 5th Street, Ste. 70	00	03 15 2013
City	State Zip Code	Transaction ID : SA11AI.18733
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
Harden Healthcare Services	Government Relations Liaison	1
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	110.00	
Other (specify) ▼	110.00	
SUBTOTAL of Receipts This Page (optional)		60.00
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NAME OF COMMITTEE (In Full)		
Harden Healthcare LLC Fede	rai PAC	
Full Name (Last, First, Middle Initial) Chelsea M Holden		Date of Receipt
Mailing Address 1703 W. 5th Street, Ste. 70	00	03 29 2013
City	State Zip Code	Transaction ID : SA11AI.18999
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
Harden Healthcare Services	Government Relations Liaison	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	130.00	
Full Name (Last, First, Middle Initial) Chelsea M Holden		Date of Receipt
Mailing Address 1703 W. 5th Street, Ste. 70	0	04 15 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.19265
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	20.00
Name of Employer	Occupation	7
Harden Healthcare Services	Government Relations Liaison	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	150.00	
Full Name (Last, First, Middle Initial) Chelsea M Holden		Date of Receipt
Mailing Address 1703 W. 5th Street, Ste. 70	00	04 30 2013
City	State Zip Code	704 30 2013 Transaction ID : SA11AI.19523
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
Harden Healthcare Services	Government Relations Liaison	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	170.00	
Other (specify)	170.00	
SUBTOTAL of Receipts This Page (optional)		60.00
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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC	
Full Name (Last, First, Middle Initial) Chelsea M Holden Mailing Address 1703 W. 5th Street, Ste. 700 City Austin FEC ID number of contributing federal political committee.	State Zip Code TX 78703	Date of Receipt 05
Name of Employer Harden Healthcare Services Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Government Relations Liaison Aggregate Year-to-Date ▼ 190.00	
Full Name (Last, First, Middle Initial) Chelsea M Holden Mailing Address 1703 W. 5th Street, Ste. 700 City Austin	State Zip Code TX 78703	Date of Receipt 05 31 2013 Transaction ID : SA11AI.20046 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services	Occupation Government Relations Liaison	20.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Chelsea M Holden Mailing Address 1703 W. 5th Street, Ste. 700		Date of Receipt 06 14 2013
City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)	State Zip Code TX 78703 C Occupation Government Relations Liaison Aggregate Year-to-Date ▼ 230.00	Transaction ID : SA11AI.20303 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)	>	60.00
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for each category of the Detailed Summary Page 14 13 15 16 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) Chelsea M Holden Date of Receipt Mailing Address 1703 W. 5th Street, Ste. 700 2013 06 28 City Zip Code State Transaction ID: SA11AI.20545 TX 78703 Austin Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Harden Healthcare Services Government Relations Liaison Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Maxzine Holliday Date of Receipt Mailing Address 6116 Sulfur Spring Dr 01 07 2013 City State Zip Code Transaction ID: SA11AI.17490 TX Killeen 76542 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 40.00 Other (specify) Full Name (Last, First, Middle Initial) c. Maxzine Holliday Date of Receipt Mailing Address 6116 Sulfur Spring Dr 01 22 2013 City State Zip Code Transaction ID: SA11AI.17777 TX Killeen 76542 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation TRISUN Healthcare Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 80.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Maxzine Holliday Mailing Address 6116 Sulfur Spring Dr City Killeen FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General	State Zip Code TX 76542 C Occupation Director of Nursing Aggregate Year-to-Date ▼	Date of Receipt 02 07 2013 Transaction ID: SA11AI.18054 Amount of Each Receipt this Period 40.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Maxzine Holliday Mailing Address 6116 Sulfur Spring Dr City	State Zip Code	Date of Receipt 02 22 2013 Transaction ID: SA11AI.18325
Killeen FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: □ Primary □ General □ Other (specify) ▼	TX 76542 C Occupation Director of Nursing Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Maxzine Holliday Mailing Address 6116 Sulfur Spring Dr City Killeen FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify)	State Zip Code TX 76542 C Occupation Director of Nursing Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	120.00
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NAME OF COMMITTEE (In Full)	oral DAC	
Harden Healthcare LLC Fed	eiai PAC	
Full Name (Last, First, Middle Initial) Maxzine Holliday		Date of Receipt
Mailing Address 6116 Sulfur Spring Dr		03 22 2013
City	State Zip Code	Transaction ID : SA11AI.18855
Killeen	TX 76542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	†
TRISUN Healthcare	Director of Nursing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Maxzine Holliday		Date of Receipt
Mailing Address 6116 Sulfur Spring Dr		M = M / D = D / Y = Y = Y
City	State 7's Cod-	04 08 2013
City	State Zip Code TX 76542	Transaction ID : SA11AI.19135
Killeen	TX 76542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
TRISUN Healthcare	Director of Nursing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	
Full Name (Last, First, Middle Initial)		Date of Descint
Maxzine Holliday Mailing Address 6446 Sulfur Spring Dr		Date of Receipt
Mailing Address 6116 Sulfur Spring Dr		04 22 2013
City	State Zip Code	Transaction ID : SA11AI.19381
Killeen	TX 76542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	-
TRISUN Healthcare	Director of Nursing	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	320.00	
SUBTOTAL of Receipts This Page (entires	al)	120.00
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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC						
Full Name (Last, First, Middle Initial) Maxzine Holliday Mailing Address 6116 Sulfur Spring Dr City Killeen FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For:		o Code 542	05 Trans	Receipt 07 action ID: 9	SA11AI.1		Y 00
Primary General Other (specify) ▼	- Ingiregate real to	360.00					
Full Name (Last, First, Middle Initial) Maxzine Holliday Mailing Address 6116 Sulfur Spring Dr			Date of	Receipt / D D D 22	/ Y	2013	Y
City Killeen		Code 542		action ID: S			
FEC ID number of contributing federal political committee.	С				,	40.0	00
Name of Employer TRISUN Healthcare	Occupation Director of Nursing						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	-Date ▼ 400.00					
Full Name (Last, First, Middle Initial) Maxzine Holliday Mailing Address 6116 Sulfur Spring Dr			Date of	Receipt 07	/ Y	2013	Y
City Killeen		Code 542	Trans	action ID :		20155	
FEC ID number of contributing federal political committee.	C		Amount	t of Each Re	eceipt this	40.	00
Name of Employer	Occupation						
TRISUN Healthcare	Director of Nursing						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	-Date ▼ 440.00					
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ITEMIZED RECEIPTS 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) Maxzine Holliday Date of Receipt Mailing Address 6116 Sulfur Spring Dr 2013 06 21 City State Zip Code Transaction ID: SA11AI.20407 TX Killeen 76542 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nelda J Hunter Date of Receipt Mailing Address 1703 W. 5th Street, Ste. 700 01 15 2013 City State Zip Code Transaction ID: SA11AI.17654 TX Austin 78703 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation HardenHealthcare VP of Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 25.00 Other (specify) Full Name (Last, First, Middle Initial) c. Nelda J Hunter Date of Receipt Mailing Address 1703 W. 5th Street, Ste. 700 01 31 2013 City State Zip Code Transaction ID: SA11AI.17931 TX Austin 78703 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation VP of Public Affairs HardenHealthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 50.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 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) Nelda J Hunter Date of Receipt Mailing Address 1703 W. 5th Street, Ste. 700 15 2013 City Zip Code State Transaction ID: SA11AI.18202 TX 78703 Austin Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation VP of Public Affairs HardenHealthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 75.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nelda J Hunter Date of Receipt Mailing Address 1703 W. 5th Street, Ste. 700 02 28 2013 City State Zip Code Transaction ID: SA11AI.18466 TX Austin 78703 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation HardenHealthcare VP of Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 100.00 Other (specify) Full Name (Last, First, Middle Initial) c. Nelda J Hunter Date of Receipt Mailing Address 1703 W. 5th Street, Ste. 700 03 15 2013 City State Zip Code Transaction ID: SA11AI.18736 TX Austin 78703 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation VP of Public Affairs HardenHealthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 125.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 74 OF 186 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) Nelda J Hunter Date of Receipt Mailing Address 1703 W. 5th Street, Ste. 700 2013 03 29 City State Zip Code Transaction ID: SA11AI.19002 TX 78703 Austin Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation VP of Public Affairs HardenHealthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 150.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nelda J Hunter Date of Receipt Mailing Address 1703 W. 5th Street, Ste. 700 04 15 2013 City State Zip Code Transaction ID: SA11AI.19268 TX Austin 78703 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation HardenHealthcare VP of Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 175.00 Other (specify) Full Name (Last, First, Middle Initial) c. Nelda J Hunter Date of Receipt Mailing Address 1703 W. 5th Street, Ste. 700 30 04 2013 City State Zip Code Transaction ID: SA11AI.19526 TX Austin 78703 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation VP of Public Affairs HardenHealthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 200.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 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) Nelda J Hunter Date of Receipt Mailing Address 1703 W. 5th Street, Ste. 700 15 2013 City Zip Code State Transaction ID: SA11AI.19789 TX 78703 Austin Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation VP of Public Affairs HardenHealthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nelda J Hunter Date of Receipt Mailing Address 1703 W. 5th Street, Ste. 700 05 31 2013 City State Zip Code Transaction ID: SA11AI.20049 TX Austin 78703 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation HardenHealthcare VP of Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Nelda J Hunter Date of Receipt Mailing Address 1703 W. 5th Street, Ste. 700 06 14 2013 City State Zip Code Transaction ID: SA11AI.20305 TX Austin 78703 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation VP of Public Affairs HardenHealthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	X 11a	11b	11c	12
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers ne name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC	
Full Name (Last, First, Middle Initial) Kelly Ann Jalowiec Mailing Address 1410 W Fillmore St		Date of Receipt
City Chicago	State Zip Code IL 60607	01 15 2013 Transaction ID : SA11AI.17655
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 75.00
Name of Employer Girling Home Health Receipt For: □ Primary □ General Other (specify) ▼	Occupation Vice President, Operations Aggregate Year-to-Date ▼ 75.00	
Full Name (Last, First, Middle Initial) Kelly Ann Jalowiec Mailing Address 1410 W Fillmore St		Date of Receipt O1 31 2013
City Chicago	State Zip Code IL 60607	Transaction ID : SA11AI.17932 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer Girling Home Health	Occupation Vice President, Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	
Full Name (Last, First, Middle Initial) C. Kelly Ann Jalowiec		Date of Receipt
Mailing Address 1410 W Fillmore St		02 15 2013
City Chicago	State Zip Code IL 60607	Transaction ID : SA11AI.18203 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer Girling Home Health	Occupation Vice President, Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional)	•	225.00
TOTAL This Period (last page this line number	r only)	

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Detailed Summary Page 14 13 15 16 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) Kelly Ann Jalowiec Date of Receipt Mailing Address 1410 W Fillmore St 2013 28 City State Zip Code Transaction ID: SA11AI.18467 Chicago IL 60607 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Name of Employer Occupation Vice President, Operations Girling Home Health Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kelly Ann Jalowiec Date of Receipt Mailing Address 1410 W Fillmore St 03 15 2013 City State Zip Code Transaction ID: SA11AI.18737 IL Chicago 60607 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Name of Employer Occupation Girling Home Health Vice President, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kelly Ann Jalowiec Date of Receipt Mailing Address 1410 W Fillmore St 03 29 2013 City State Zip Code Transaction ID: SA11AI.19003 IL Chicago 60607 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Name of Employer Occupation Girling Home Health Vice President, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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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) Kelly Ann Jalowiec Date of Receipt Mailing Address 1410 W Fillmore St 04 2013 15 City State Zip Code Transaction ID: SA11AI.19269 Chicago IL 60607 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Name of Employer Occupation Vice President, Operations Girling Home Health Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kelly Ann Jalowiec Date of Receipt Mailing Address 1410 W Fillmore St 30 04 2013 City State Zip Code Transaction ID: SA11AI.19527 IL Chicago 60607 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Name of Employer Occupation Girling Home Health Vice President, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kelly Ann Jalowiec Date of Receipt Mailing Address 1410 W Fillmore St 05 15 2013 Zip Code City State Transaction ID: SA11AI.19790 IL Chicago 60607 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee.

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675.00

Occupation

Vice President, Operations

Aggregate Year-to-Date ▼

Name of Employer

Receipt For:

Girling Home Health

Primary

Other (specify)

General

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Detailed Summary Page 14 13 15 16 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) Kelly Ann Jalowiec Date of Receipt Mailing Address 1410 W Fillmore St 2013 31 City State Zip Code Transaction ID: SA11AI.20050 Chicago IL 60607 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Name of Employer Occupation Vice President, Operations Girling Home Health Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kelly Ann Jalowiec Date of Receipt Mailing Address 1410 W Fillmore St 14 06 2013 City State Zip Code Transaction ID: SA11AI.20306 IL Chicago 60607 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Name of Employer Occupation Girling Home Health Vice President, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 825.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kelly Ann Jalowiec Date of Receipt Mailing Address 1410 W Fillmore St 28 06 2013 City State Zip Code Transaction ID: SA11AI.20548 IL Chicago 60607 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Name of Employer Occupation Girling Home Health Vice President, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

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Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Lakishia Lanette Jawdjee Mailing Address 5735 Tiger Lilly Way City Houston FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify)	State Zip Code TX 77085 C Occupation Regional Director Aggregate Year-to-Date ▼	Date of Receipt O1 15 2013 Transaction ID : SA11AI.17657 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Lakishia Lanette Jawdjee Mailing Address 5735 Tiger Lilly Way City Houston FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify)	State Zip Code TX 77085 C Occupation Regional Director Aggregate Year-to-Date ▼	Date of Receipt O1 31 2013 Transaction ID : SA11AI.17934 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Lakishia Lanette Jawdjee Mailing Address 5735 Tiger Lilly Way City Houston FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify)	State Zip Code TX 77085 C Occupation Regional Director Aggregate Year-to-Date ▼	Date of Receipt 02
SUBTOTAL of Receipts This Page (optional)	·	75.00

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

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Any information copied from such Reports and Sour for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Lakishia Lanette Jawdjee		Date of Receipt
Mailing Address 5735 Tiger Lilly Way		02 28 2013
City	State Zip Code	Transaction ID : SA11AI.18469
Houston	TX 77085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Girling Community Care	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	100.00	
Full Name (Last, First, Middle Initial) Lakishia Lanette Jawdjee		Date of Receipt
Mailing Address 5735 Tiger Lilly Way		03 15 2013 _
City	State Zip Code	Transaction ID : SA11AI.18739
Houston	TX 77085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Girling Community Care	Regional Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 125.00	
Full Name (Last, First, Middle Initial) C. Lakishia Lanette Jawdjee		Date of Receipt
Mailing Address 5735 Tiger Lilly Way		03 29 _2013 _
City	State Zip Code	Transaction ID : SA11AI.19004
Houston	TX 77085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Girling Community Care	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	150.00	
SUBTOTAL of Receipts This Page (optional)	>	75.00
TOTAL This Period (last page this line number of	only)	

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Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)	DAC	
Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Lakishia Lanette Jawdjee		Date of Receipt
Mailing Address 5735 Tiger Lilly Way		04 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.19270
Houston	TX 77085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	
Girling Community Care	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	175.00	
Full Name (Last, First, Middle Initial) Lakishia Lanette Jawdjee		Date of Receipt
Mailing Address 5735 Tiger Lilly Way		04 30 _2013 _
City	State Zip Code	Transaction ID : SA11AI.19528
Houston	TX 77085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	
Girling Community Care	Regional Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	
Full Name (Last, First, Middle Initial) C. Lakishia Lanette Jawdjee		Date of Receipt
Mailing Address 5735 Tiger Lilly Way		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.19791
Houston	TX 77085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Girling Community Care	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	
SUBTOTAL of Receipts This Page (optional)	>	75.00
TOTAL This Period (last page this line number of	only)	

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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)	L DAG	
Harden Healthcare LLC Federa	PAC	
Full Name (Last, First, Middle Initial) Lakishia Lanette Jawdjee		Date of Receipt
Mailing Address 5735 Tiger Lilly Way		05 31 2013
City	State Zip Code	Transaction ID : SA11AI.20051
Houston	TX 77085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Girling Community Care	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Lakishia Lanette Jawdjee		Date of Receipt
Mailing Address 5735 Tiger Lilly Way		06 14 2013 _
City	State Zip Code	Transaction ID : SA11AI.20307
Houston	TX 77085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	
Girling Community Care	Regional Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) C. Lakishia Lanette Jawdjee		Date of Receipt
Mailing Address 5735 Tiger Lilly Way		06 28 _2013 _
City	State Zip Code	Transaction ID : SA11AI.20549
Houston	TX 77085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Girling Community Care	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)	>	75.00
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NAME OF COMMITTEE (In Full)		
Harden Healthcare LLC Fede	erai PAC ——————	
Full Name (Last, First, Middle Initial) A. Brenda Kaden		Date of Receipt
Mailing Address 13601 County Road 7160		01 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.17503
Rolla	MO 65401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	1
Girling Community Care	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	25.00	
Full Name (Last, First, Middle Initial) 3. Brenda Kaden		Date of Receipt
Mailing Address 13601 County Road 7160		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	05 07 2013 Transaction ID : SA11AI.19651
Rolla	MO 65401	Amount of Each Receipt this Period
FEC ID number of contributing	00.0	
federal political committee.		25.00
Name of Employer	Occupation	
Girling Community Care	Regional Director	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 13601 County Road 7160		M = M / D = D / Y = Y = Y
City	State Zip Code	05 22 2013 Transaction ID : SA11AI.19911
Rolla	MO 65401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	-
Girling Community Care	Regional Director	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional))	75.00
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for each category of the 12 Detailed Summary Page 14 13 15 16 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) Brenda Kaden Date of Receipt Mailing Address 13601 County Road 7160 07 2013 City Zip Code State Transaction ID: SA11AI.20168 MO Rolla 65401 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Regional Director Girling Community Care Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Brenda Kaden Date of Receipt Mailing Address 13601 County Road 7160 06 21 2013 City State Zip Code Transaction ID: SA11AI.20420 MO Rolla 65401 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Girling Community Care Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Diane Kenyon Date of Receipt Mailing Address 285 E Summit Dr 01 15 2013 City State Zip Code Transaction ID: SA11AI.17661 TX Wimberley 78676 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation Senior Vice President, IT Harden Healthcare Services Receipt For: Aggregate Year-to-Date ▼ Primary General 125.00 Other (specify) 175.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	ural PAC	
Full Name (Last, First, Middle Initial) 1. Diane Kenyon		Date of Receipt
Mailing Address 285 E Summit Dr		01 31 2013
City	State Zip Code	Transaction ID : SA11AI.17938
Wimberley	TX 78676	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Harden Healthcare Services	Senior Vice President, IT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial) 3. Diane Kenyon		Date of Receipt
Mailing Address 285 E Summit Dr		02 15 _ 2013 _
City	State Zip Code	77
Wimberley	TX 78676	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.		100.00
Name of Employer	Occupation	1
Harden Healthcare Services	Senior Vice President, IT]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	325.00	
Other (specify) ▼	325.00	
Full Name (Last, First, Middle Initial) C. Diane Kenyon		Date of Receipt
Mailing Address 285 E Summit Dr		02 28 2013
City	State Zip Code	Transaction ID : SA11Al.18473
Wimberley	TX 78676	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Harden Healthcare Services	Senior Vice President, IT]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	425.00	
Other (specify) ▼	425.00	
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Date of Receipt Date of Receipt	or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	the name and address of any political committee	to solicit contributions from such committee.
Date of Receipt Date of Receipt	Mailing Address 285 E Summit Dr City Wimberley FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	TX 78676 C Occupation Senior Vice President, IT Aggregate Year-to-Date ▼	03 15 2013 Transaction ID: SA11AI.18743 Amount of Each Receipt this Period
Mailing Address 285 E Summit Dr City State Zip Code TX 78676 FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼ Date of Receipt M M	Mailing Address 285 E Summit Dr City Wimberley FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General	TX 78676 C Occupation Senior Vice President, IT Aggregate Year-to-Date ▼	03 29 2013 Transaction ID: SA11AI.19008 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	City Wimberley FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General	TX 78676 C Occupation Senior Vice President, IT Aggregate Year-to-Date ▼	04 15 2013 Transaction ID: SA11AI.19274 Amount of Each Receipt this Period
	SUBTOTAL of Receipts This Page (optional)	<u> </u>	300.00

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NAME OF COMMITTEE (In Full)	ral DAC	
Harden Healthcare LLC Fede	Tal PAC	
Full Name (Last, First, Middle Initial) . Diane Kenyon		Date of Receipt
Mailing Address 285 E Summit Dr		04 30 2013
City	State Zip Code	Transaction ID : SA11AI.19532
Wimberley	TX 78676	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	†
Harden Healthcare Services	Senior Vice President, IT	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00.0	
Other (specify) ▼	825.00	
Full Name (Last, First, Middle Initial) Diane Kenyon	·	Date of Receipt
Mailing Address 285 E Summit Dr		05 15 _2013 _
City	State Zip Code	05 15 2013 Transaction ID : SA11Al.19795
Wimberley	TX 78676	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation]
Harden Healthcare Services	Senior Vice President, IT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	925.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 285 E Summit Dr		05 31 2013
City	State Zip Code	Transaction ID : SA11AI.20055
Wimberley	TX 78676	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Harden Healthcare Services	Senior Vice President, IT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1025.00	
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89 OF 186 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 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) Diane Kenyon Date of Receipt Mailing Address 285 E Summit Dr 2013 06 City State Zip Code Transaction ID: SA11AI.20311 TX 78676 Wimberley Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Senior Vice President, IT Harden Healthcare Services Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) Full Name (Last, First, Middle Initial) B. Diane Kenyon Date of Receipt Mailing Address 285 E Summit Dr 06 28 2013 City State Zip Code Transaction ID: SA11AI.20553 TX Wimberley 78676 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Harden Healthcare Services Senior Vice President, IT Receipt For: Aggregate Year-to-Date ▼ Primary General 1225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kimberly A Layton Date of Receipt Mailing Address 9513 Prescott Dr 01 15 2013 City Zip Code State Transaction ID: SA11AI.17666 TX Austin 78749 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation President, Leadership Development Inst Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 100.00 Other (specify)

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0 NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC Full Name (Last, First, Middle Initial) Kimberly A Layton Date of Receipt Mailing Address 9513 Prescott Dr 31 2013 City State Zip Code Transaction ID: SA11AI.17943 78749 TX Austin Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation President, Leadership Development Inst Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kimberly A Layton Date of Receipt Mailing Address 9513 Prescott Dr 02 15 2013 City State Zip Code Transaction ID: SA11AI.18214 TX Austin 78749 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Harden Healthcare President, Leadership Development Inst Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kimberly A Layton Date of Receipt Mailing Address 9513 Prescott Dr 28 02 2013 Zip Code City State Transaction ID: SA11AI.18478 TX Austin 78749 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation President, Leadership Development Inst Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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) Kimberly A Layton Date of Receipt Mailing Address 9513 Prescott Dr 15 2013 03 City State Zip Code Transaction ID: SA11AI.18748 TX 78749 Austin Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Harden Healthcare President, Leadership Development Inst Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kimberly A Layton Date of Receipt Mailing Address 9513 Prescott Dr 03 29 2013 City State Zip Code Transaction ID: SA11AI.19013 TX Austin 78749 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Harden Healthcare President, Leadership Development Inst Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kimberly A Layton Date of Receipt Mailing Address 9513 Prescott Dr 04 15 2013 City Zip Code State Transaction ID: SA11AI.19279 TX Austin 78749 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation President, Leadership Development Inst Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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) Kimberly A Layton Date of Receipt Mailing Address 9513 Prescott Dr 04 30 2013 City State Zip Code Transaction ID: SA11AI.19537 TX 78749 Austin Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Harden Healthcare President, Leadership Development Inst Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kimberly A Layton Date of Receipt Mailing Address 9513 Prescott Dr 05 15 2013 City State Zip Code Transaction ID: SA11AI.19800 TX Austin 78749 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Harden Healthcare President, Leadership Development Inst Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kimberly A Layton Date of Receipt Mailing Address 9513 Prescott Dr 05 31 2013 City Zip Code State Transaction ID: SA11AI.20060 TX Austin 78749 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation President, Leadership Development Inst Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Full Name (Last, First, Middle Initial) Kimberly A Layton Mailing Address 9513 Prescott Dr City Austin	State Zip Code TX 78749	Date of Receipt 06 14 2013 Transaction ID: SA11AI.20316 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify)	Occupation President, Leadership Development Inst Aggregate Year-to-Date ▼ 1100.00	100.00
Full Name (Last, First, Middle Initial) Kimberly A Layton Mailing Address 9513 Prescott Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For:	State Zip Code TX 78749 C Occupation President, Leadership Development Inst Aggregate Year-to-Date ▼	Date of Receipt 06 28 2013 Transaction ID: SA11AI.20558 Amount of Each Receipt this Period
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) George Ledbetter Mailing Address 1620 Elder Hill Rd City Driftwood FEC ID number of contributing federal political committee. Name of Employer Girling Community Caro	State Zip Code TX 78619 C Occupation General Manager	Date of Receipt M M J J D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Girling Community Care Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	General Manager Aggregate Year-to-Date ▼ 50.00	250.00

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	al PAC		
Full Name (Last, First, Middle Initial) A. George Ledbetter			Date of Receipt
Mailing Address 1620 Elder Hill Rd			01 31 _ 2013 _
City Driftwood	State TX	Zip Code 78619	Transaction ID : SA11AI.17946 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	Occupation General Ma Aggregate		
Full Name (Last, First, Middle Initial) B. George Ledbetter Mailing Address 1620 Elder Hill Rd			Date of Receipt 02 15 _2013
City Driftwood	State TX	Zip Code 78619	Transaction ID : SA11AI.18216 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer Girling Community Care	Occupation General Ma		
Receipt For: Primary General Other (specify) ▼	00.0	Year-to-Date ▼ 150.00	
Full Name (Last, First, Middle Initial) C. George Ledbetter			Date of Receipt
Mailing Address 1620 Elder Hill Rd	-		02 28 2013
City Driftwood	State TX	Zip Code 78619	Transaction ID : SA11AI.18479 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer	Occupation	1	
Girling Community Care	General Ma	anager	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	1

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Ar 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) George Ledbetter Date of Receipt Mailing Address 1620 Elder Hill Rd 2013 15 City State Zip Code Transaction ID: SA11AI.18749 TX 78619 Driftwood Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Girling Community Care General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. George Ledbetter Date of Receipt Mailing Address 1620 Elder Hill Rd 03 29 2013 City State Zip Code Transaction ID: SA11AI.19014 Driftwood TX 78619 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Girling Community Care General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** George Ledbetter Date of Receipt Mailing Address 1620 Elder Hill Rd 04 15 2013 Zip Code City State Transaction ID: SA11AI.19280 TX Driftwood 78619 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Girling Community Care General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	I PAC	
Full Name (Last, First, Middle Initial) George Ledbetter Mailing Address 1620 Elder Hill Rd		Date of Receipt
		04 30 2013
City	State Zip Code TX 78619	Transaction ID : SA11AI.19538
Driftwood		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Girling Community Care	General Manager	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) George Ledbetter		Date of Receipt
Mailing Address 1620 Elder Hill Rd		05 15 2013
City	State Zip Code	Transaction ID : SA11AI.19801
Driftwood	TX 78619	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
Girling Community Care	General Manager	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) C. George Ledbetter		Date of Receipt
Mailing Address 1620 Elder Hill Rd		05 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Driftwood	State Zip Code TX 78619	Transaction ID : SA11Al.20061
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	50.00
Name of Employer	Occupation	
Girling Community Care Receipt For:	General Manager	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		150.00
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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC	
Full Name (Last, First, Middle Initial) George Ledbetter Mailing Address 1620 Elder Hill Rd City Driftwood FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify)	State Zip Code TX 78619 C Occupation General Manager Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) George Ledbetter Mailing Address 1620 Elder Hill Rd City Driftwood FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify)	State Zip Code TX 78619 C Occupation General Manager Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) William Thomas Linder Jr. Mailing Address 1703 W 5th St City Austin FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify)	State Zip Code TX 78703 C Occupation Vice President, Home Health Sales Aggregate Year-to-Date ▼ 50.00	Date of Receipt M M M / D J D / 2013 Transaction ID : SA11AI.17671 Amount of Each Receipt this Period 50.00
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NAME OF COMMITTEE (In Full)	doral DAC	
Harden Healthcare LLC Fed	JEI AI PAC	
Full Name (Last, First, Middle Initial) A. William Thomas Linder Jr.		Date of Receipt
Mailing Address 1703 W 5th St		01 31 2013
City	State Zip Code	Transaction ID : SA11AI.17948
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	7
Girling Home Health	Vice President, Home Health Sales	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 0	
Other (specify) ▼	100.00	
Full Name (Last, First, Middle Initial) William Thomas Linder Jr.		Date of Receipt
Mailing Address 1703 W 5th St		M = M / D = D / Y = Y = Y
City	State Zip Code	02 15 2013 Transaction ID : \$411 At 19219
City Austin	State Zip Code TX 78703	Transaction ID : SA11AI.18218 Amount of Each Receipt this Period
-	10105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
Girling Home Health	Vice President, Home Health Sales	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify)	150.00	
Full Name (Last, First, Middle Initial) . William Thomas Linder Jr.		Date of Receipt
Mailing Address 1703 W 5th St		02 28 2013
City	State Zip Code	Transaction ID : SA11AI.18481
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Girling Home Health	Vice President, Home Health Sales	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 0	
Other (specify) ▼	200.00	
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NAME OF COMMITTEE (In Full)	LDAG	
Harden Healthcare LLC Federa	AI PAC	
Full Name (Last, First, Middle Initial) William Thomas Linder Jr.		Date of Receipt
Mailing Address 1703 W 5th St		03 15 2013
City	State Zip Code	Transaction ID : SA11AI.18751
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Girling Home Health	Vice President, Home Health Sales	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		· · · · · · · · · · · · · · · · · · ·
William Thomas Linder Jr.		Date of Receipt
Mailing Address 1703 W 5th St		03 29 2013
City	State Zip Code	03 29 2013
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing	C	50.00
federal political committee.	U	50.00
Name of Employer	Occupation	
Girling Home Health	Vice President, Home Health Sales	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	300.00	
·		
Full Name (Last, First, Middle Initial) . William Thomas Linder Jr.		Date of Receipt
Mailing Address 1703 W 5th St		04 15 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.19282
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Girling Home Health	Vice President, Home Health Sales	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
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Harden Healthcare LLC Fed	deral PAC	
Full Name (Last, First, Middle Initial) William Thomas Linder Jr. Mailing Address 1703 W 5th St		Date of Receipt
City	State Zip Code	04 30 2013
Austin	State Zip Code TX 78703	Transaction ID : SA11AI.19540 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Girling Home Health	Vice President, Home Health Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) William Thomas Linder Jr.	l	Date of Receipt
Mailing Address 1703 W 5th St		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	05 15 2013 Transaction ID : SA11AI.19803
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Girling Home Health	Vice President, Home Health Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) William Thomas Linder Jr.		Data of Descript
Mailing Address 1703 W 5th St		Date of Receipt 05 31 2013
City Austin	State Zip Code TX 78703	Transaction ID : SA11AI.20063 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Girling Home Health	Vice President, Home Health Sales	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
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Harden Healthcare LLC Fed	deral PAC	
Full Name (Last, First, Middle Initial) William Thomas Linder Jr. Mailing Address 1703 W 5th St		Date of Receipt
	01.1. 7. 0. 1	06 14 2013
City Austin	State Zip Code TX 78703	Transaction ID : SA11AI.20319
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	
Girling Home Health Receipt For:	Vice President, Home Health Sales	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) William Thomas Linder Jr.	'	Date of Receipt
Mailing Address 1703 W 5th St		06 28 _2013 _
City	State Zip Code TX 78703	Transaction ID : SA11AI.20561
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Girling Home Health	Vice President, Home Health Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)	'	Date of Receipt
Mailing Address 8820 Colberg Dr		01 15 2013
City	State Zip Code	Transaction ID : SA11AI.17674
Austin	TX 78749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Harden Healthcare	Director of Internal Audit	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	25.00	
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14 13 15 16 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) Maria A MacKeil Date of Receipt Mailing Address 8820 Colberg Dr 2013 31 City State Zip Code Transaction ID: SA11AI.17951 TX 78749 Austin Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Director of Internal Audit Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 50.00 Other (specify) Full Name (Last, First, Middle Initial) B. Maria A MacKeil Date of Receipt Mailing Address 8820 Colberg Dr 02 15 2013 City State Zip Code Transaction ID: SA11AI.18221 TX Austin 78749 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Harden Healthcare **Director of Internal Audit** Receipt For: Aggregate Year-to-Date ▼ Primary General 75.00 Other (specify) Full Name (Last, First, Middle Initial) c. Maria A MacKeil Date of Receipt Mailing Address 8820 Colberg Dr 28 02 2013 City State Zip Code Transaction ID: SA11AI.18484 TX Austin 78749 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Director of Internal Audit Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 100.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)	lovel DAC	
Harden Healthcare LLC Fed	neral PAC	
Full Name (Last, First, Middle Initial) Maria A MacKeil		Date of Receipt
Mailing Address 8820 Colberg Dr		03 15 2013
City	State Zip Code	Transaction ID : SA11AI.18754
Austin	TX 78749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	†
Harden Healthcare	Director of Internal Audit	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	125.00	
Full Name (Last, First, Middle Initial) Maria A MacKeil		Date of Receipt
Mailing Address 8820 Colberg Dr		M = M / D = D / Y = Y = Y
City	State 7in Cod-	03 29 2013
City	State Zip Code TX 78749	Transaction ID : SA11AI.19019
Austin	TX 78749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	†
Harden Healthcare	Director of Internal Audit	<u> </u>
Receipt For:	Aggregate Year-to-Date ▼]
Primary General	00 0	
Other (specify) ▼	150.00	
Full Name (Last, First, Middle Initial) C. Maria A MacKeil		Date of Receipt
Mailing Address 8820 Colberg Dr		04 15 2013
City	State Zip Code	Transaction ID : SA11AI.19285
Austin	TX 78749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	†
Harden Healthcare	Director of Internal Audit	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	175.00	
SUBTOTAL of Receipts This Page (options	al)	75.00
TOTAL This Period (last page this line nur	mber only)	

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NAME OF COMMITTEE (In Full)	LDAG	
Harden Healthcare LLC Federa	IPAC	
Full Name (Last, First, Middle Initial) Maria A MacKeil		Date of Receipt
Mailing Address 8820 Colberg Dr		04 30 2013
City	State Zip Code	Transaction ID : SA11AI.19542
Austin	TX 78749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Harden Healthcare	Director of Internal Audit	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	200.00	
Full Name (Last, First, Middle Initial) Maria A MacKeil		Date of Receipt
Mailing Address 8820 Colberg Dr		05 15 _2013 _
City	State Zip Code	Transaction ID : SA11AI.19805
Austin	TX 78749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	
Harden Healthcare	Director of Internal Audit	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) C. Maria A MacKeil		Date of Receipt
Mailing Address 8820 Colberg Dr		05 31 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.20065
Austin	TX 78749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Harden Healthcare	Director of Internal Audit	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	>	75.00
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 14 13 15 16 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) Maria A MacKeil Date of Receipt Mailing Address 8820 Colberg Dr 2013 06 City State Zip Code Transaction ID: SA11AI.20321 TX 78749 Austin Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Harden Healthcare Director of Internal Audit Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Maria A MacKeil Date of Receipt Mailing Address 8820 Colbera Dr 06 28 2013 City State Zip Code Transaction ID: SA11AI.20563 TX Austin 78749 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Harden Healthcare **Director of Internal Audit** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Deborah Morgan Date of Receipt Mailing Address 5404 Agatha Cir 01 15 2013 City State Zip Code Transaction ID: SA11AI.17683 TX Austin 78724 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation **PMO Director** Harden Healthcare Services Receipt For: Aggregate Year-to-Date ▼ Primary General 20.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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PAGE 106 OF 186 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 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) Deborah Morgan Date of Receipt Mailing Address 5404 Agatha Cir 2013 31 City State Zip Code Transaction ID: SA11AI.17959 TX Austin 78724 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation PMO Director Harden Healthcare Services Receipt For: Aggregate Year-to-Date ▼ Primary General 40.00 Other (specify) Full Name (Last, First, Middle Initial) B. Deborah Morgan Date of Receipt Mailing Address 5404 Agatha Cir 02 15 2013 City State Zip Code Transaction ID: SA11AI.18231 TX Austin 78724 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Harden Healthcare Services **PMO Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 60.00 Other (specify) Full Name (Last, First, Middle Initial) c. Deborah Morgan Date of Receipt Mailing Address 5404 Agatha Cir 28 02 2013 Zip Code City State Transaction ID: SA11AI.18494 TX Austin 78724 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation **PMO Director** Harden Healthcare Services

SUBTOTAL of Receipts This Page (optional)			7	I	I	7	6	0.00	,	
TOTAL This Period (last page this line number only)			,			7	Ξ	_	_	

80.00

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

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Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Deborah Morgan Mailing Address 5404 Agatha Cir		Date of Receipt
		03 15 2013
City	State Zip Code	Transaction ID : SA11AI.18763
Austin	TX 78724	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Harden Healthcare Services	PMO Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	100.00	
Full Name (Last, First, Middle Initial) 3. Deborah Morgan		Date of Receipt
Mailing Address 5404 Agatha Cir		03 29 2013
City	State Zip Code	Transaction ID : SA11Al.19028
Austin	TX 78724	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Harden Healthcare Services	PMO Director	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	120.00	
Full Name (Last, First, Middle Initial) Deborah Morgan		Date of Receipt
Mailing Address 5404 Agatha Cir		04 15 2013
City	State Zip Code	Transaction ID: SA11AI.19295
Austin	TX 78724	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Harden Healthcare Services	PMO Director	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	140.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number of	only)	

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for each category of the Detailed Summary Page 14 13 15 16 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) Deborah Morgan Date of Receipt Mailing Address 5404 Agatha Cir 04 30 2013 City State Zip Code Transaction ID: SA11AI.19551 TX Austin 78724 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation PMO Director Harden Healthcare Services Receipt For: Aggregate Year-to-Date ▼ Primary General 160.00 Other (specify) Full Name (Last, First, Middle Initial) B. Deborah Morgan Date of Receipt Mailing Address 5404 Agatha Cir 05 15 2013 City State Zip Code Transaction ID: SA11AI.19814 TX Austin 78724 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Harden Healthcare Services **PMO Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 180.00 Other (specify) Full Name (Last, First, Middle Initial) c. Deborah Morgan Date of Receipt Mailing Address 5404 Agatha Cir 05 31 2013 City State Zip Code Transaction ID: SA11AI.20074 TX Austin 78724 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation **PMO Director** Harden Healthcare Services Receipt For: Aggregate Year-to-Date ▼ Primary General 200.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 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) Deborah Morgan Date of Receipt Mailing Address 5404 Agatha Cir 2013 06 City State Zip Code Transaction ID: SA11AI.20329 TX Austin 78724 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation PMO Director Harden Healthcare Services Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Deborah Morgan Date of Receipt Mailing Address 5404 Agatha Cir 06 28 2013 City State Zip Code Transaction ID: SA11AI.20573 TX Austin 78724 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Harden Healthcare Services **PMO Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Victoria Palm Date of Receipt Mailing Address 3507 Abrazo 01 07 2013 City Zip Code State Transaction ID: SA11AI.17536 TX San Antonio 78247 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Regional Vice President TRISUN Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 25.00 Other (specify) 65.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

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Any information copied from such Reports and or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC	
Full Name (Last, First, Middle Initial) Victoria Palm Mailing Address 3507 Abrazo City San Antonio FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify)	State Zip Code TX 78247 C Occupation Regional Vice President Aggregate Year-to-Date ▼ 50.00	Date of Receipt O1 31 2013 Transaction ID: SA11AI.17967 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Victoria Palm Mailing Address 3507 Abrazo City San Antonio FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify)	State Zip Code TX 78247 C Occupation Regional Vice President Aggregate Year-to-Date ▼ 75.00	Date of Receipt 02
Full Name (Last, First, Middle Initial) Victoria Palm Mailing Address 3507 Abrazo City San Antonio FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify)	State Zip Code TX 78247 C Occupation Regional Vice President Aggregate Year-to-Date ▼ 100.00	Date of Receipt 02
SUBTOTAL of Receipts This Page (optional)		75.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fed	ng the name and address of any political committee	to solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Victoria Palm Mailing Address 3507 Abrazo	Victoria Palm			
City San Antonio FEC ID number of contributing	State Zip Code TX 78247	03 15 2013 Transaction ID : SA11AI.18771 Amount of Each Receipt this Period 25.00		
Receipt For: Primary Other (specify) ▼ Other federal committee. Receipt For: General General	Occupation Regional Vice President Aggregate Year-to-Date ▼ 125.00			
Full Name (Last, First, Middle Initial) Victoria Palm Mailing Address 3507 Abrazo		Date of Receipt		
City San Antonio FEC ID number of contributing federal political committee.	State Zip Code TX 78247	03 29 2013 Transaction ID : SA11AI.19036 Amount of Each Receipt this Period 25.00		
Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	Occupation Regional Vice President Aggregate Year-to-Date ▼ 150.00			
Full Name (Last, First, Middle Initial) Victoria Palm Mailing Address 3507 Abrazo City San Antonio FEC ID number of contributing federal political committee.	State Zip Code TX 78247	Date of Receipt 04 15 2013 Transaction ID: SA11AI.19303 Amount of Each Receipt this Period 25.00		
Name of Employer TRISUN Healthcare Receipt For: □ Primary □ General Other (specify) ▼	Occupation Regional Vice President Aggregate Year-to-Date ▼ 175.00			
SUBTOTAL of Receipts This Page (option	nal)	75.00		
TOTAL This Period (last page this line nu	mber only)			

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Detailed Summary Page	X 11a	11b	11c	12	
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NAME OF COMMITTEE (In Full)						
Harden Healthcare LLC Fede	alai PAC					
Full Name (Last, First, Middle Initial) Victoria Palm		Date of Receipt				
Mailing Address 3507 Abrazo		04 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.19559				
San Antonio	TX 78247	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer	Occupation	7				
TRISUN Healthcare	Regional Vice President					
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General	00 0					
Other (specify) ▼	200.00					
Full Name (Last, First, Middle Initial) Victoria Palm		Date of Receipt				
Mailing Address 3507 Abrazo	Mailing Address 3507 Abrazo					
City	State Zip Code	05 15 2013 Transaction ID : SA11AI.19821				
San Antonio	TX 78247	Amount of Each Receipt this Period				
FEC ID number of contributing		sant of Eduli Hosoipt this I ellou				
federal political committee.		25.00				
Name of Employer	Occupation	1				
TRISUN Healthcare	Regional Vice President]				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	225.00					
Full Name (Last, First, Middle Initial)		Date of David				
Victoria Palm		Date of Receipt				
Mailing Address 3507 Abrazo		05 31 2013				
City	State Zip Code	Transaction ID : SA11AI.20081				
San Antonio	TX 78247	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer	Occupation	-				
TRISUN Healthcare	9					
Receipt For:	Aggregate rear-to-Date ▼					
Primary General						
Other (specify) ▼	250.00					
SUBTOTAL of Receipts This Page (optional))	75.00				
TOTAL This Period (last page this line numb	ber only)					

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address of any political committee to	
Harden Healthcare LLC Feder Full Name (Last, First, Middle Initial) Victoria Palm Mailing Address 3507 Abrazo City San Antonio FEC ID number of contributing federal political committee.	State Zip Code TX 78247	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	Occupation Regional Vice President Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Victoria Palm Mailing Address 3507 Abrazo City San Antonio	State Zip Code TX 78247	Date of Receipt 06 28 2013 Transaction ID : SA11AI.20580 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: □ Primary □ General Other (specify) ▼	Occupation Regional Vice President Aggregate Year-to-Date ▼ 300.00	25.00
Full Name (Last, First, Middle Initial) William B Parrish Mailing Address 3200 Wild Canyon Loop City Austin FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify)	State Zip Code TX 78732 C Occupation Vice President, Finance Aggregate Year-to-Date ▼ 50.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		100.00

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC Full Name (Last, First, Middle Initial) William B Parrish Mailing Address 3200 Wild Canyon Loop City State Zip Code Austin TX 78732 FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Aggregate Year-to-Date ▼	Date of Receipt 01 31 2013 Transaction ID: SA11Al.17968 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) William B Parrish Mailing Address 3200 Wild Canyon Loop City State Zip Code Austin TX 78732 FEC ID number of contributing federal political committee. Name of Employer Occupation Girling Home Health Vice President, Finance	01 31 2013 Transaction ID: SA11AI.17968 Amount of Each Receipt this Period
Mailing Address 3200 Wild Canyon Loop City State Zip Code Austin TX 78732 FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Property Forest	01 31 2013 Transaction ID: SA11AI.17968 Amount of Each Receipt this Period
City State Zip Code Austin TX 78732 FEC ID number of contributing federal political committee. Name of Employer Occupation Girling Home Health Vice President, Finance	O1 31 2013 Transaction ID : SA11AI.17968 Amount of Each Receipt this Period
Austin TX 78732 FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Possint For:	Transaction ID : SA11AI.17968 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Possint For:	
Name of Employer Girling Home Health Descript For:	50.00
Girling Home Health Vice President, Finance	\dashv
Pagaint For:	
Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Other (specify) ▼ 100.00	
Full Name (Last, First, Middle Initial) 3. William B Parrish	Date of Receipt
Mailing Address 3200 Wild Canyon Loop	02 15 _ 2013 _
City State Zip Code	Transaction ID : SA11AI.18240
Austin TX 78732	Amount of Each Receipt this Period
FEC ID number of contributing	
federal political committee.	50.00
Name of Employer Occupation	
Girling Home Health Vice President, Finance	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 150.00	
Full Name (Last, First, Middle Initial) C. William B Parrish	Date of Receipt
Mailing Address 3200 Wild Canyon Loop	02 28 _ 2013 _
City State Zip Code	Transaction ID : SA11AI.18502
Austin TX 78732	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	50.00
Name of Employer Occupation	
Girling Home Health Vice President, Finance	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) 200.00	
Other (specify) ▼ 200.00	
SUBTOTAL of Receipts This Page (optional)	150.00

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14 13 15 16 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) William B Parrish Date of Receipt Mailing Address 3200 Wild Canyon Loop 03 15 2013 City State Zip Code Transaction ID: SA11AI.18772 TX Austin 78732 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Vice President, Finance Girling Home Health Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. William B Parrish Date of Receipt Mailing Address 3200 Wild Canyon Loop 03 29 2013 City State Zip Code Transaction ID: SA11AI.19037 TX Austin 78732 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Girling Home Health Vice President, Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. William B Parrish Date of Receipt Mailing Address 3200 Wild Canyon Loop 04 15 2013 City State Zip Code Transaction ID: SA11AI.19304 TX Austin 78732 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Vice President, Finance Girling Home Health Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fed	doral BAC					
	JEIAI FAC					
Full Name (Last, First, Middle Initial) A. William B Parrish		Date of Receipt				
Mailing Address 3200 Wild Canyon Loop		04 30 2013				
City	State Zip Code	Transaction ID : SA11AI.19560				
Austin	TX 78732	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer	Occupation	+				
Girling Home Health	Vice President, Finance					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General						
Other (specify) ▼	400.00					
Full Name (Last, First, Middle Initial) 3. William B Parrish		Date of Receipt				
Mailing Address 3200 Wild Canyon Loop	05 15 _2013 _					
City	State Zip Code	Transaction ID : SA11AI.19822				
Austin	TX 78732	Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.	C	50.00				
Name of Employer	Occupation	7				
Girling Home Health	Vice President, Finance					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	450.00					
Full Name (Last, First, Middle Initial)		Date of Receipt				
Mailing Address 3200 Wild Canyon Loop		05 31 _2013 _				
City	State Zip Code	Transaction ID : SA11AI.20082				
Austin	TX 78732	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer	Name of Employer Occupation					
Girling Home Health	-					
Receipt For:	. Addiedate leat-to-Date ★					
Primary General	500.00					
Other (specify) ▼	500.00					
SUBTOTAL of Receipts This Page (option	al)	150.00				
TOTAL This Period (last page this line and	mher only)					
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FOR LINE NUMBER: PAGE 117 OF 186 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) William B Parrish Date of Receipt Mailing Address 3200 Wild Canyon Loop 2013 06 City State Zip Code Transaction ID: SA11AI.20337 TX Austin 78732 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Vice President, Finance Girling Home Health Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) B. William B Parrish Date of Receipt Mailing Address 3200 Wild Canyon Loop 06 28 2013 City State Zip Code Transaction ID: SA11AI.20581 TX Austin 78732 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Girling Home Health Vice President, Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robin A Polk Date of Receipt Mailing Address 201 County Road 326a 01 15 2013 City State Zip Code Transaction ID: SA11AI.17695 TX Rosebud 76570 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Girling Community Care Regional Manager, Compliance Receipt For: Aggregate Year-to-Date ▼ Primary General 25.00 Other (specify) 125.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	ind Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
Harden Healthcare LLC Fed	eral PAC 	
Full Name (Last, First, Middle Initial) A. Robin A Polk		Date of Receipt
Mailing Address 201 County Road 326a		01 31 2013
City	State Zip Code	Transaction ID : SA11AI.17972
Rosebud	TX 76570	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	†
Girling Community Care	Regional Manager, Compliance	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	0.0	
Other (specify) ▼	50.00	
Full Name (Last, First, Middle Initial) Robin A Polk		Date of Receipt
Mailing Address 201 County Road 326a		02 15 2013
City	State Zip Code	Transaction ID : SA11AI.18244
Rosebud	TX 76570	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	25.00
Name of Employer	Occupation	
Girling Community Care	Regional Manager, Compliance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	75.00	
Full Name (Last, First, Middle Initial) C. Robin A Polk		Date of Receipt
Mailing Address 201 County Road 326a		02 28 2013 _
City	State Zip Code	Transaction ID : SA11AI.18507
Rosebud	TX 76570	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	-
Girling Community Care	Regional Manager, Compliance	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	100.00	
Other (specify) ▼	100.00	
SUBTOTAL of Receipts This Page (entions	al)	75.00
CODICIAL OF NECERPLS THIS Page (OPLIONS	<u> </u>	7
TOTAL This Period (last page this line num	nber only)	

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fe	doral BAC	
/ Haruen Healthcare LLC Fet		
Full Name (Last, First, Middle Initial) A. Robin A Polk		Date of Receipt
Mailing Address 201 County Road 326a		03 15 2013
City	State Zip Code	Transaction ID : SA11AI.18777
Rosebud	TX 76570	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	1
Girling Community Care	Regional Manager, Compliance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	125.00	
Full Name (Last, First, Middle Initial) Robin A Polk	'	Date of Receipt
Mailing Address 201 County Road 326a		03 29 2013
City	State Zip Code	Transaction ID : SA11AI.19042
Rosebud	TX 76570	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	1
Girling Community Care	Regional Manager, Compliance	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	150.00	
Full Name (Last, First, Middle Initial) C. Robin A Polk		Date of Receipt
Mailing Address 201 County Road 326a		04 15 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.19309
Rosebud	TX 76570	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	1
Girling Community Care	Regional Manager, Compliance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	175.00	
SUBTOTAL of Receipts This Page (option	nal)	75.00
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for each category of the Detailed Summary Page 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) Robin A Polk Date of Receipt Mailing Address 201 County Road 326a 04 30 2013 City State Zip Code Transaction ID: SA11AI.19565 TX Rosebud 76570 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Regional Manager, Compliance Girling Community Care Receipt For: Aggregate Year-to-Date ▼ Primary General 200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robin A Polk Date of Receipt Mailing Address 201 County Road 326a 05 15 2013 City State Zip Code Transaction ID: SA11AI.19827 Rosebud TX 76570 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Girling Community Care Regional Manager, Compliance Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robin A Polk Date of Receipt Mailing Address 201 County Road 326a 05 31 2013 City State Zip Code Transaction ID: SA11AI.20087 TX Rosebud 76570 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Girling Community Care Regional Manager, Compliance Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 121 OF 186 Use separate schedule(s) for each category of the Detailed Summary Page

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	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
/	Full Name (Last, First, Middle Initial)		Date of Date in
١.	Robin A Polk Mailing Address 201 County Road 326a		Date of Receipt
			06 14 2013
	City	State Zip Code	Transaction ID : SA11AI.20342
	Rosebud	TX 76570	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer	Occupation	
	Girling Community Care	Regional Manager, Compliance	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	275.00	
3.	Full Name (Last, First, Middle Initial) Robin A Polk		Date of Receipt
	Mailing Address 201 County Road 326a		M = M / D = D / Y = Y = Y
	City	State Zip Code	06 28 2013 Transaction ID : \$41141 20586
	Rosebud	TX 76570	Transaction ID : SA11AI.20586 Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	25.00
	Name of Employer	Occupation	
	Girling Community Care	Regional Manager, Compliance	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00	
— >.	Full Name (Last, First, Middle Initial) Jeanette Reinert		Date of Receipt
	Mailing Address 3110 Cimmaron Rd		01 15 2013
	City	State Zip Code	Transaction ID : SA11AI.17697
	Weatherford	TX 76087	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer	Occupation	
	TRISUN Healthcare	Regional Manager	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	25.00	
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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76087 C Occupation Regional Manager Aggregate Year-to-Date ▼ 50.00	Date of Receipt O1 31 2013 Transaction ID: SA11AI.17975 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Jeanette Reinert Mailing Address 3110 Cimmaron Rd City Weatherford FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify)	State Zip Code TX 76087 C Occupation Regional Manager Aggregate Year-to-Date ▼	Date of Receipt 02 15 2013 Transaction ID: SA11AI.18246 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Jeanette Reinert Mailing Address 3110 Cimmaron Rd City Weatherford FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify)	State Zip Code TX 76087 C Occupation Regional Manager Aggregate Year-to-Date ▼	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		75.00
TOTAL This Period (last page this line number or	nly)	

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	nd Statements may not be sold or used by any per- g the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
Harden Healthcare LLC Fed	eral PAC	
Full Name (Last, First, Middle Initial) Jeanette Reinert		Date of Receipt
Mailing Address 3110 Cimmaron Rd		03 15 2013
City	State Zip Code	Transaction ID : SA11AI.18780
Weatherford	TX 76087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	1
TRISUN Healthcare	Regional Manager	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	125.00	
Full Name (Last, First, Middle Initial) Jeanette Reinert		Date of Receipt
Mailing Address 3110 Cimmaron Rd		03 29 _ 2013 _
City	State Zip Code	7
Weatherford	TX 76087	Amount of Each Receipt this Period
FEC ID number of contributing		sant of Eduli Hosoipt this I Gliod
federal political committee.	C	25.00
Name of Employer	Occupation	1
TRISUN Healthcare	Regional Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	150.00	
Full Name (Last, First, Middle Initial) 2. Jeanette Reinert		Date of Receipt
Mailing Address 3110 Cimmaron Rd		M = M / D = D / Y = Y = Y
City	State Zip Code	04 15 2013 Transaction ID : SA11AI 19312
Weatherford	TX 76087	Transaction ID : SA11AI.19312 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	-
TRISUN Healthcare	Regional Manager	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	175.00	
SUBTOTAL of Receipts This Page (optional	ıl)	75.00
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for each category of the Detailed Summary Page 14 13 15 16 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) Jeanette Reinert Date of Receipt Mailing Address 3110 Cimmaron Rd 04 30 2013 City State Zip Code Transaction ID: SA11AI.19568 TX Weatherford 76087 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Regional Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeanette Reinert Date of Receipt Mailing Address 3110 Cimmaron Rd 05 15 2013 City State Zip Code Transaction ID: SA11AI.19830 Weatherford TX 76087 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Regional Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeanette Reinert Date of Receipt Mailing Address 3110 Cimmaron Rd 05 31 2013 City State Zip Code Transaction ID: SA11AI.20090 TX Weatherford 76087 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Regional Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 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) Jeanette Reinert Date of Receipt Mailing Address 3110 Cimmaron Rd 2013 06 City State Zip Code Transaction ID: SA11AI.20344 TX Weatherford 76087 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Regional Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeanette Reinert Date of Receipt Mailing Address 3110 Cimmaron Rd 06 28 2013 City State Zip Code Transaction ID: SA11AI.20588 Weatherford TX 76087 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Regional Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa Roundtree Date of Receipt Mailing Address 408 Beauty Ln 01 07 2013 City Zip Code State Transaction ID: SA11AI.17556 TX Whitesboro 76273 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Occupational Therapist MBS Rehab Receipt For: Aggregate Year-to-Date ▼ Primary General 25.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 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) Lisa Roundtree Date of Receipt Mailing Address 408 Beauty Ln 2013 22 City Zip Code State Transaction ID: SA11AI.17837 TX 76273 Whitesboro Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation MBS Rehab Occupational Therapist Receipt For: Aggregate Year-to-Date ▼ Primary General 50.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa Roundtree Date of Receipt Mailing Address 408 Beauty Ln 02 07 2013 City State Zip Code Transaction ID: SA11AI.18110 Whitesboro TX 76273 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation MBS Rehab Occupational Therapist Receipt For: Aggregate Year-to-Date ▼ Primary General 75.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa Roundtree Date of Receipt Mailing Address 408 Beauty Ln 02 22 2013 City Zip Code State Transaction ID: SA11AI.18382 TX Whitesboro 76273 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Occupational Therapist MBS Rehab Receipt For: Aggregate Year-to-Date ▼ Primary General 100.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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12 Detailed Summary Page 14 13 15 16 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) Lisa Roundtree Date of Receipt Mailing Address 408 Beauty Ln 03 07 2013 City Zip Code State Transaction ID: SA11AI.18643 TX 76273 Whitesboro Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation MBS Rehab Occupational Therapist Receipt For: Aggregate Year-to-Date ▼ Primary General 125.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa Roundtree Date of Receipt Mailing Address 408 Beauty Ln 03 22 2013 City State Zip Code Transaction ID: SA11AI.18911 Whitesboro TX 76273 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation MBS Rehab Occupational Therapist Receipt For: Aggregate Year-to-Date ▼ Primary General 150.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lisa Roundtree Date of Receipt Mailing Address 408 Beauty Ln 80 04 2013 City Zip Code State Transaction ID: SA11AI.19178 TX Whitesboro 76273 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Occupational Therapist MBS Rehab Receipt For: Aggregate Year-to-Date ▼ Primary General 175.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full)	danal DAG	
Harden Healthcare LLC Fed	derai PAC	
Full Name (Last, First, Middle Initial) 1. Lisa Roundtree		Date of Receipt
Mailing Address 408 Beauty Ln		04 22 2013
City	State Zip Code	Transaction ID : SA11AI.19437
Whitesboro	TX 76273	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	+
MBS Rehab	Occupational Therapist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	200.00	
Full Name (Last, First, Middle Initial) 3. Lisa Roundtree		Date of Receipt
Mailing Address 408 Beauty Ln		05 07 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.19694
Whitesboro	TX 76273	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	25.00
Name of Employer	Occupation	1
MBS Rehab	Occupational Therapist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial) Lisa Roundtree	ı	Date of Receipt
Mailing Address 408 Beauty Ln		M = M / D = D / Y = Y = Y
City	State Zip Code	05 22 2013 Transaction ID : SA11AI.19954
Whitesboro	TX 76273	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	1
MBS Rehab	Occupational Therapist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	nal)	75.00
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14 13 15 16 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) Lisa Roundtree Date of Receipt Mailing Address 408 Beauty Ln 07 2013 City State Zip Code Transaction ID: SA11AI.20213 TX 76273 Whitesboro Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation MBS Rehab Occupational Therapist Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa Roundtree Date of Receipt Mailing Address 408 Beauty Ln 06 21 2013 City State Zip Code Transaction ID: SA11AI.20462 Whitesboro TX 76273 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation MBS Rehab Occupational Therapist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Chris Roussos Date of Receipt Mailing Address 1611 W 5th St 01 15 2013 City Zip Code State Transaction ID: SA11AI.17700 TX Austin 78713 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Chief Financial Officer Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 20.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 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) Chris Roussos Date of Receipt Mailing Address 1611 W 5th St 2013 31 City State Zip Code Transaction ID: SA11AI.17978 TX 78713 Austin Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Chief Financial Officer Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 40.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Chris Roussos Date of Receipt Mailing Address 1611 W 5th St 02 15 2013 City State Zip Code Transaction ID: SA11AI.18249 TX Austin 78713 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Harden Healthcare Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 60.00 Other (specify) Full Name (Last, First, Middle Initial) c. Chris Roussos Date of Receipt Mailing Address 1611 W 5th St 28 02 2013 City Zip Code State Transaction ID: SA11AI.18513 TX Austin 78713 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Chief Financial Officer Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 80.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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186 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 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) Chris Roussos Date of Receipt Mailing Address 1611 W 5th St 03 2013 15 City State Zip Code Transaction ID: SA11AI.18783 TX 78713 Austin Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Chief Financial Officer Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 100.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Chris Roussos Date of Receipt Mailing Address 1611 W 5th St 03 29 2013 City State Zip Code Transaction ID: SA11AI.19048 TX Austin 78713 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Harden Healthcare Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 120.00 Other (specify) Full Name (Last, First, Middle Initial) c. Chris Roussos Date of Receipt Mailing Address 1611 W 5th St 04 15 2013 City Zip Code State Transaction ID: SA11AI.19314 TX Austin 78713 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Chief Financial Officer Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 140.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Chris Roussos Mailing Address 1611 W 5th St City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify)	State Zip Code TX 78713 C Occupation Chief Financial Officer Aggregate Year-to-Date ▼	Date of Receipt 04 30 2013 Transaction ID: SA11AI.19570 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Chris Roussos Mailing Address 1611 W 5th St City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify)	State Zip Code TX 78713 C Occupation Chief Financial Officer Aggregate Year-to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) Chris Roussos Mailing Address 1611 W 5th St City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify)	State Zip Code TX 78713 C Occupation Chief Financial Officer Aggregate Year-to-Date ▼ 200.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of	<u> </u>	60.00

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NAME OF COMMITTEE (In Full)		
Harden Healthcare LLC Fede	eral PAC	
Full Name (Last, First, Middle Initial) Chris Roussos		Date of Receipt
Mailing Address 1611 W 5th St		06 14 2013
City	State Zip Code	Transaction ID : SA11AI.20345
Austin	TX 78713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
Harden Healthcare	Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Chris Roussos		Date of Receipt
Mailing Address 1611 W 5th St		06 28 2013
City	State Zip Code	Transaction ID : SA11AI.20590
Austin	TX 78713	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	20.00
Name of Employer	Occupation	
Harden Healthcare	Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) C. Kelly Rowe		Date of Receipt
Mailing Address 1284 County Road 282		01 15 _ 2013 _
City	State Zip Code	01 15 2013 Transaction ID : SA11AI.17701
Bertram	TX 78605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Harden Healthcare Services	Sr. Network Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	25.00	
SUBTOTAL of Receipts This Page (optional))	65.00
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TOTAL THIS Period (last page this line numb	per only)	

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for each category of the Detailed Summary Page 14 13 15 16 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) Kelly Rowe Date of Receipt Mailing Address 1284 County Road 282 2013 31 City State Zip Code Transaction ID: SA11AI.17979 TX Bertram 78605 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Sr. Network Administrator Harden Healthcare Services Receipt For: Aggregate Year-to-Date ▼ Primary General 50.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kelly Rowe Date of Receipt Mailing Address 1284 County Road 282 02 15 2013 City State Zip Code Transaction ID: SA11AI.18250 TX Bertram 78605 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Harden Healthcare Services Sr. Network Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 75.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kelly Rowe Date of Receipt Mailing Address 1284 County Road 282 28 02 2013 City State Zip Code Transaction ID: SA11AI.18514 TX Bertram 78605 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Harden Healthcare Services Sr. Network Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 100.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	ral PAC	
Full Name (Last, First, Middle Initial) Kelly Rowe Mailing Address 1284 County Road 282		Date of Receipt
		03 15 2013
City	State Zip Code	Transaction ID : SA11AI.18784
Bertram	TX 78605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Harden Healthcare Services	Sr. Network Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 125.00	
Full Name (Last, First, Middle Initial) Kelly Rowe		Date of Receipt
Mailing Address 1284 County Road 282		03 29 2013
City	State Zip Code	Transaction ID : SA11AI.19049
Bertram	TX 78605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer Harden Healthcare Services	Occupation	
Receipt For:	Sr. Network Administrator	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	150.00	
Full Name (Last, First, Middle Initial) C. Kelly Rowe		Date of Receipt
Mailing Address 1284 County Road 282		04 15 2013
City Bertram	State Zip Code TX 78605	Transaction ID : SA11AI.19315 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	1
Harden Healthcare Services	Sr. Network Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	175.00	
SUBTOTAL of Receipts This Page (optional).		75.00
TOTAL This Period (last page this line number	er only)	

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for each category of the Detailed Summary Page 14 13 15 16 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) Kelly Rowe Date of Receipt Mailing Address 1284 County Road 282 04 30 2013 City State Zip Code Transaction ID: SA11AI.19571 TX Bertram 78605 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Sr. Network Administrator Harden Healthcare Services Receipt For: Aggregate Year-to-Date ▼ Primary General 200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kelly Rowe Date of Receipt Mailing Address 1284 County Road 282 05 15 2013 City State Zip Code Transaction ID: SA11AI.19833 TX Bertram 78605 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Harden Healthcare Services Sr. Network Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kelly Rowe Date of Receipt Mailing Address 1284 County Road 282 05 31 2013 City State Zip Code Transaction ID: SA11AI.20093 TX Bertram 78605 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Harden Healthcare Services Sr. Network Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 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) Kelly Rowe Date of Receipt Mailing Address 1284 County Road 282 2013 City State Zip Code Transaction ID: SA11AI.20346 TX Bertram 78605 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Sr. Network Administrator Harden Healthcare Services Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kelly Rowe Date of Receipt Mailing Address 1284 County Road 282 06 28 2013 City State Zip Code Transaction ID: SA11AI.20591 TX Bertram 78605 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Harden Healthcare Services Sr. Network Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rebecca Shropshire Date of Receipt Mailing Address 722 Craig St 01 07 2013 City Zip Code State Transaction ID: SA11AI.17560 TX Hillboro 76645 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Administrator TRISUN Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 40.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 138 OF 186 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16 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) Rebecca Shropshire Date of Receipt Mailing Address 722 Craig St 2013 01 22 City Zip Code State Transaction ID: SA11AI.17841 TX 76645 Hillboro Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 80.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rebecca Shropshire Date of Receipt Mailing Address 722 Craig St 02 07 2013 City State Zip Code Transaction ID: SA11AI.18114 TX Hillboro 76645 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 120.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rebecca Shropshire Date of Receipt Mailing Address 722 Craig St 02 22 2013 City Zip Code State Transaction ID: SA11AI.18386 TX Hillboro 76645 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Administrator TRISUN Healthcare Receipt For: Aggregate Year-to-Date ▼

120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

160.00

Primary

Other (specify)

General

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14 13 15 16 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) Rebecca Shropshire Date of Receipt Mailing Address 722 Craig St 03 07 2013 City Zip Code State Transaction ID: SA11AI.18647 TX 76645 Hillboro Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rebecca Shropshire Date of Receipt Mailing Address 722 Craig St 03 22 2013 City State Zip Code Transaction ID: SA11AI.18915 TX Hillboro 76645 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rebecca Shropshire Date of Receipt Mailing Address 722 Craig St 80 04 2013 City Zip Code State Transaction ID: SA11AI.19182 TX Hillboro 76645 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Administrator TRISUN Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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for each category of the Detailed Summary Page 14 13 15 16 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) Rebecca Shropshire Date of Receipt Mailing Address 722 Craig St 04 2013 22 City Zip Code State Transaction ID: SA11AI.19441 TX 76645 Hillboro Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rebecca Shropshire Date of Receipt Mailing Address 722 Craig St 05 07 2013 City State Zip Code Transaction ID: SA11AI.19698 TX Hillboro 76645 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rebecca Shropshire Date of Receipt Mailing Address 722 Craig St 05 22 2013 City Zip Code State Transaction ID: SA11AI.19960 TX Hillboro 76645 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Administrator TRISUN Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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for each category of the Detailed Summary Page 14 13 15 16 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) Rebecca Shropshire Date of Receipt Mailing Address 722 Craig St 07 2013 06 City Zip Code State Transaction ID: SA11AI.20218 TX 76645 Hillboro Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rebecca Shropshire Date of Receipt Mailing Address 722 Craig St 06 21 2013 City State Zip Code Transaction ID: SA11AI.20467 TX Hillboro 76645 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Juli Simmang Date of Receipt Mailing Address 991 Oak Rdg 01 07 2013 City Zip Code State Transaction ID: SA11AI.17561 TX Shertz 78154 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation **Director of Clinical Services** MBS Rehab Receipt For: Aggregate Year-to-Date ▼ Primary General 50.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X) IT

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A 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) Juli Simmang Date of Receipt Mailing Address 991 Oak Rdg 2013 22 City State Zip Code Transaction ID: SA11AI.17842 TX Shertz 78154 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MBS Rehab **Director of Clinical Services** Receipt For: Aggregate Year-to-Date ▼ Primary General 100.00 Other (specify) Full Name (Last, First, Middle Initial) B. Juli Simmang Date of Receipt Mailing Address 991 Oak Rdg 02 07 2013 City State Zip Code Transaction ID: SA11AI.18115 TX Shertz 78154 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MBS Rehab **Director of Clinical Services** Receipt For: Aggregate Year-to-Date ▼ Primary General 150.00 Other (specify) Full Name (Last, First, Middle Initial) c. Juli Simmang Date of Receipt Mailing Address 991 Oak Rdg 22 02 2013 Zip Code City State Transaction ID: SA11AI.18387 TX Shertz 78154 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation **Director of Clinical Services** MBS Rehab Receipt For: Aggregate Year-to-Date ▼ Primary General 200.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the 12 Detailed Summary Page 14 13 15 16 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) Juli Simmang Date of Receipt Mailing Address 991 Oak Rdg 03 07 2013 City State Zip Code Transaction ID: SA11AI.18648 TX Shertz 78154 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MBS Rehab **Director of Clinical Services** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Juli Simmang Date of Receipt Mailing Address 991 Oak Rdg 03 22 2013 City State Zip Code Transaction ID: SA11AI.18916 TX Shertz 78154 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MBS Rehab **Director of Clinical Services** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Juli Simmang Date of Receipt Mailing Address 991 Oak Rdg 80 04 2013 City Zip Code State Transaction ID: SA11AI.19183 TX Shertz 78154 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation **Director of Clinical Services** MBS Rehab Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

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Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC	
Full Name (Last, First, Middle Initial) Juli Simmang Mailing Address 991 Oak Rdg City Shertz FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify)	State Zip Code TX 78154 C Occupation Director of Clinical Services Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M A 22 2013 Transaction ID: SA11AI.19442 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Juli Simmang Mailing Address 991 Oak Rdg City Shertz FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify)	State Zip Code TX 78154 C Occupation Director of Clinical Services Aggregate Year-to-Date ▼ 450.00	Date of Receipt 05 07 2013 Transaction ID: SA11AI.19699 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Juli Simmang Mailing Address 991 Oak Rdg City Shertz FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify)	State Zip Code TX 78154 C Occupation Director of Clinical Services Aggregate Year-to-Date ▼ 500.00	Date of Receipt M
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for each category of the Detailed Summary Page 14 13 15 16 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) Juli Simmang Date of Receipt Mailing Address 991 Oak Rdg 07 2013 City State Zip Code Transaction ID: SA11AI.20219 TX Shertz 78154 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MBS Rehab **Director of Clinical Services** Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) B. Juli Simmang Date of Receipt Mailing Address 991 Oak Rdg 06 21 2013 City State Zip Code Transaction ID: SA11AI.20468 TX Shertz 78154 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MBS Rehab **Director of Clinical Services** Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kenneth Stribling Date of Receipt Mailing Address 2419 Edgecliff Path 01 07 2013 City State Zip Code Transaction ID: SA11AI.17564 TX Georgetown 78626 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Administrator TRISUN Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 25.00 Other (specify) 125.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Kenneth Stribling Mailing Address 2419 Edgecliff Path		Date of Receipt
		01 22 2013
City	State Zip Code TX 78626	Transaction ID : SA11AI.17845
Georgetown	1/00/20	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
TRISUN Healthcare	Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	
Full Name (Last, First, Middle Initial) 3. Kenneth Stribling		Date of Receipt
Mailing Address 2419 Edgecliff Path		02 07 2013
City	State Zip Code	Transaction ID : SA11AI.18118
Georgetown	TX 78626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	
TRISUN Healthcare Receipt For:	Administrator	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00	
Full Name (Last, First, Middle Initial) C. Kenneth Stribling		Date of Receipt
Mailing Address 2419 Edgecliff Path		02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Georgetown	State Zip Code TX 78626	Transaction ID : SA11AI.18390 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	
TRISUN Healthcare	Administrator	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	100.00	
SUBTOTAL of Receipts This Page (optional)		75.00
TOTAL This Period (last page this line number of	nlv)	

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for each category of the Detailed Summary Page 14 13 15 16 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) Kenneth Stribling Date of Receipt Mailing Address 2419 Edgecliff Path 03 07 2013 City State Zip Code Transaction ID: SA11AI.18651 TX Georgetown 78626 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 125.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kenneth Stribling Date of Receipt Mailing Address 2419 Edgecliff Path 03 22 2013 City State Zip Code Transaction ID: SA11AI.18919 TX Georgetown 78626 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 150.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kenneth Stribling Date of Receipt Mailing Address 2419 Edgecliff Path 80 04 2013 City State Zip Code Transaction ID: SA11AI.19186 TX Georgetown 78626 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Administrator TRISUN Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 175.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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for each category of the Detailed Summary Page 14 13 15 16 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) Kenneth Stribling Date of Receipt Mailing Address 2419 Edgecliff Path 04 2013 22 City State Zip Code Transaction ID: SA11AI.19445 TX Georgetown 78626 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kenneth Stribling Date of Receipt Mailing Address 2419 Edgecliff Path 05 07 2013 City State Zip Code Transaction ID: SA11AI.19702 TX Georgetown 78626 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kenneth Stribling Date of Receipt Mailing Address 2419 Edgecliff Path 05 22 2013 City State Zip Code Transaction ID: SA11AI.19964 TX Georgetown 78626 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Administrator TRISUN Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional).....

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14 13 15 16 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) Kenneth Stribling Date of Receipt Mailing Address 2419 Edgecliff Path 07 2013 06 City State Zip Code Transaction ID: SA11AI.20221 TX Georgetown 78626 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kenneth Stribling Date of Receipt Mailing Address 2419 Edgecliff Path 06 21 2013 City State Zip Code Transaction ID: SA11AI.20470 TX Georgetown 78626 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Nancy A Taylor Date of Receipt Mailing Address 3208 Main Cir W 01 15 2013 City State Zip Code Transaction ID: SA11AI.17711 CO Clifton 81520 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Voyager Hospice Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 25.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder		o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Nancy A Taylor Mailing Address 3208 Main Cir W City Clifton FEC ID number of contributing federal political committee. Name of Employer Voyager Hospice Receipt For: Primary General Other (specify)	State Zip Code CO 81520 C Occupation Clinical Manager Aggregate Year-to-Date ▼	Date of Receipt O1 31 2013 Transaction ID: SA11AI.17989 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Nancy A Taylor Mailing Address 3208 Main Cir W City Clifton FEC ID number of contributing federal political committee. Name of Employer Voyager Hospice Receipt For: Primary General Other (specify)	State Zip Code CO 81520 C Occupation Clinical Manager Aggregate Year-to-Date ▼ 75.00	Date of Receipt 02 15 2013 Transaction ID : SA11AI.18258 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Nancy A Taylor Mailing Address 3208 Main Cir W City Clifton FEC ID number of contributing federal political committee. Name of Employer Voyager Hospice Receipt For: Primary General Other (specify)	State Zip Code CO 81520 C Occupation Clinical Manager Aggregate Year-to-Date ▼	Date of Receipt M
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NAME OF COMMITTEE (In Full)	DAC	
Harden Healthcare LLC Federal	PAU	
Full Name (Last, First, Middle Initial) Nancy A Taylor		Date of Receipt
Mailing Address 3208 Main Cir W		03 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.18792
Clifton	CO 81520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Voyager Hospice	Clinical Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	125.00	
Full Name (Last, First, Middle Initial) Nancy A Taylor		Date of Receipt
Mailing Address 3208 Main Cir W		03 29 2013
City	State Zip Code	Transaction ID : SA11AI.19057
Clifton	CO 81520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Voyager Hospice	Clinical Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	
Full Name (Last, First, Middle Initial) C. Nancy A Taylor		Date of Receipt
Mailing Address 3208 Main Cir W		04 15 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.19322
Clifton	CO 81520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Voyager Hospice	Clinical Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	175.00	
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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) Nancy A Taylor Date of Receipt Mailing Address 3208 Main Cir W 04 30 2013 City State Zip Code Transaction ID: SA11AI.19578 CO Clifton 81520 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Voyager Hospice Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nancy A Taylor Date of Receipt Mailing Address 3208 Main Cir W 05 15 2013 City State Zip Code Transaction ID: SA11AI.19840 CO Clifton 81520 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Voyager Hospice Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Nancy A Taylor Date of Receipt Mailing Address 3208 Main Cir W 05 31 2013 City State Zip Code Transaction ID: SA11AI.20100 CO Clifton 81520 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Clinical Manager Voyager Hospice Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the 12 Detailed Summary Page 14 13 15 16 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) Nancy A Taylor Date of Receipt Mailing Address 3208 Main Cir W 2013 06 City State Zip Code Transaction ID: SA11AI.20353 CO Clifton 81520 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Voyager Hospice Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nancy A Taylor Date of Receipt Mailing Address 3208 Main Cir W 06 28 2013 City State Zip Code Transaction ID: SA11AI.20599 CO Clifton 81520 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Voyager Hospice Clinical Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Charlene Turner Date of Receipt Mailing Address 2101 Birdie Ct 01 07 2013 City State Zip Code Transaction ID: SA11AI.17572 TX San Angelo 76904 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Administrator, Regency House Receipt For: Aggregate Year-to-Date ▼ Primary General 25.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 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) Charlene Turner Date of Receipt Mailing Address 2101 Birdie Ct 2013 22 City State Zip Code Transaction ID: SA11AI.17852 TX San Angelo 76904 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Administrator, Regency House Receipt For: Aggregate Year-to-Date ▼ Primary General 50.00 Other (specify) Full Name (Last, First, Middle Initial) B. Charlene Turner Date of Receipt Mailing Address 2101 Birdie Ct 02 07 2013 City State Zip Code Transaction ID: SA11AI.18125 TX San Angelo 76904 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Administrator, Regency House Receipt For: Aggregate Year-to-Date ▼ Primary General 75.00 Other (specify) Full Name (Last, First, Middle Initial) c. Charlene Turner Date of Receipt Mailing Address 2101 Birdie Ct 02 22 2013 City Zip Code State Transaction ID: SA11AI.18395 TX San Angelo 76904 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Administrator, Regency House Receipt For: Aggregate Year-to-Date ▼ Primary General 100.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	ral PAC	
Full Name (Last, First, Middle Initial) Charlene Turner Mailing Address 2101 Birdie Ct		Date of Receipt
City San Angelo FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare	State Zip Code TX 76904 C Occupation Administrator, Regency House	Transaction ID : SA11AI.18657 Amount of Each Receipt this Period 25.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 125.00	
Full Name (Last, First, Middle Initial) Charlene Turner Mailing Address 2101 Birdie Ct		Date of Receipt 03 22 2013
City San Angelo FEC ID number of contributing federal political committee.	State Zip Code TX 76904	Transaction ID : SA11AI.18925 Amount of Each Receipt this Period 25.00
Name of Employer TRISUN Healthcare Receipt For: □ Primary □ General Other (specify) ▼	Occupation Administrator, Regency House Aggregate Year-to-Date ▼ 150.00	
Full Name (Last, First, Middle Initial) Charlene Turner Mailing Address 2101 Birdie Ct City	State Zip Code	Date of Receipt 04 08 2013 Transaction ID: SA11AI.19190
San Angelo FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	TX 76904 C Occupation Administrator, Regency House Aggregate Year-to-Date ▼ 175.00	Amount of Each Receipt this Period 25.00
SUBTOTAL of Receipts This Page (optional).	•	75.00
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250.00

Occupation

Administrator, Regency House

Aggregate Year-to-Date ▼

Name of Employer

TRISUN Healthcare

Primary

Other (specify)

General

Receipt For:

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page 14 13 15 16 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) Charlene Turner Date of Receipt Mailing Address 2101 Birdie Ct 07 2013 06 City Zip Code State Transaction ID: SA11AI.20227 TX San Angelo 76904 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Administrator, Regency House Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Charlene Turner Date of Receipt Mailing Address 2101 Birdie Ct 06 21 2013 City State Zip Code Transaction ID: SA11AI.20476 TX San Angelo 76904 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation TRISUN Healthcare Administrator, Regency House Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Julie Vandre Date of Receipt Mailing Address 629 Park Ave 01 15 2013 City Zip Code State Transaction ID: SA11AI.17716 WI New Richmond 54017 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Girling Home Health Vice President, Quality & Compliance Receipt For: Aggregate Year-to-Date ▼ Primary General 25.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional).....

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13 14 15 16 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) Julie Vandre Date of Receipt Mailing Address 629 Park Ave 2013 31 City Zip Code State Transaction ID: SA11AI.17994 WI New Richmond 54017 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Vice President, Quality & Compliance Girling Home Health Receipt For: Aggregate Year-to-Date ▼ Primary General 50.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Julie Vandre Date of Receipt Mailing Address 629 Park Ave 02 15 2013 City State Zip Code Transaction ID: SA11AI.18263 WI New Richmond 54017 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Girling Home Health Vice President, Quality & Compliance Receipt For: Aggregate Year-to-Date ▼ Primary General 75.00 Other (specify) Full Name (Last, First, Middle Initial) c. Julie Vandre Date of Receipt Mailing Address 629 Park Ave 02 28 2013 City Zip Code State Transaction ID: SA11AI.18527 WI New Richmond 54017 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Girling Home Health Vice President, Quality & Compliance Receipt For: Aggregate Year-to-Date ▼ Primary General 100.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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13 14 15 16 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) Julie Vandre Date of Receipt Mailing Address 629 Park Ave 2013 03 15 City Zip Code State Transaction ID: SA11AI.18796 WI New Richmond 54017 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Vice President, Quality & Compliance Girling Home Health Receipt For: Aggregate Year-to-Date ▼ Primary General 125.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Julie Vandre Date of Receipt Mailing Address 629 Park Ave 03 29 2013 City State Zip Code Transaction ID: SA11AI.19061 WI New Richmond 54017 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Girling Home Health Vice President, Quality & Compliance Receipt For: Aggregate Year-to-Date ▼ Primary General 150.00 Other (specify) Full Name (Last, First, Middle Initial) c. Julie Vandre Date of Receipt Mailing Address 629 Park Ave 04 15 2013 City Zip Code State Transaction ID: SA11AI.19326 WI **New Richmond** 54017 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Girling Home Health Vice President, Quality & Compliance Receipt For: Aggregate Year-to-Date ▼ Primary General 175.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 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) Julie Vandre Date of Receipt Mailing Address 629 Park Ave 2013 06 City Zip Code State Transaction ID: SA11AI.20357 WI New Richmond 54017 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Vice President, Quality & Compliance Girling Home Health Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Julie Vandre Date of Receipt Mailing Address 629 Park Ave 06 28 2013 City State Zip Code Transaction ID: SA11AI.20603 WI New Richmond 54017 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Girling Home Health Vice President, Quality & Compliance Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ronda Van Meter Date of Receipt Mailing Address 253 LCR 405 01 15 2013 City Zip Code State Transaction ID: SA11AI.17715 TX Mexia 76667 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Girling Home Health Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 50.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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0 NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC Full Name (Last, First, Middle Initial) Ronda Van Meter Date of Receipt Mailing Address 253 LCR 405 01 31 2013 City State Zip Code Transaction ID: SA11AI.17993 TX Mexia 76667 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Regional Vice President Girling Home Health Receipt For: Aggregate Year-to-Date ▼ Primary General 100.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ronda Van Meter Date of Receipt Mailing Address 253 LCR 405 02 15 2013 City State Zip Code Transaction ID: SA11AI.18262 TX 76667 Mexia Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Girling Home Health Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 150.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ronda Van Meter Date of Receipt Mailing Address 253 LCR 405 28 2013 02 Zip Code City State Transaction ID: SA11AI.18526 TX Mexia 76667 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Regional Vice President Girling Home Health Receipt For: Aggregate Year-to-Date ▼ Primary General 200.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fed	g the name and address of any political committee	to consider some section of the sect
Full Name (Last, First, Middle Initial) Ronda Van Meter Mailing Address 253 LCR 405		Date of Receipt
City	State Zip Code	03 15 2013 Transaction ID : SA11AI.18795
Mexia	TX 76667	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Girling Home Health	Regional Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) . Ronda Van Meter		Date of Receipt
Mailing Address 253 LCR 405		M = M / D = D / Y = Y = Y
City	State Zip Code	03 29 2013 Transaction ID : SA11AI.19060
Mexia	TX 76667	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Girling Home Health	Regional Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Ronda Van Meter		Date of Receipt
Mailing Address 253 LCR 405		04 15 2013
City	State Zip Code	Transaction ID : SA11AI.19325
Mexia	TX 76667	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Girling Home Health	Regional Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optiona	ıl)	150.00
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for each category of the Detailed Summary Page 14 13 15 16 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) Ronda Van Meter Date of Receipt Mailing Address 253 LCR 405 04 30 2013 City State Zip Code Transaction ID: SA11AI.19581 TX Mexia 76667 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Girling Home Health Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ronda Van Meter Date of Receipt Mailing Address 253 LCR 405 05 15 2013 City State Zip Code Transaction ID: SA11AI.19843 TX Mexia 76667 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Girling Home Health Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ronda Van Meter Date of Receipt Mailing Address 253 LCR 405 05 31 2013 City Zip Code State Transaction ID: SA11AI.20103 TX Mexia 76667 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Regional Vice President Girling Home Health Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 165 OF 186 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) Ronda Van Meter Date of Receipt Mailing Address 253 LCR 405 2013 06 City State Zip Code Transaction ID: SA11AI.20356 TX Mexia 76667 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Girling Home Health Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ronda Van Meter Date of Receipt Mailing Address 253 LCR 405 06 28 2013 City State Zip Code Transaction ID: SA11AI.20602 TX Mexia 76667 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Girling Home Health Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Jennifer Lynn Vogt Date of Receipt Mailing Address 4506 Grand Cypress Dr 01 15 2013 City State Zip Code Transaction ID: SA11AI.17718 TX Austin 78747 Amount of Each Receipt this Period FEC ID number of contributing 55.00 С federal political committee. Name of Employer Occupation Regional Vice President Girling Community Care Receipt For: Aggregate Year-to-Date ▼ Primary General 55.00 Other (specify) 155.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)		
Harden Healthcare LLC Federa	II PAC	
Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt		Date of Receipt
Mailing Address 4506 Grand Cypress Dr		01 31 2013
City	State Zip Code	Transaction ID : SA11AI.17996
Austin	TX 78747	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer	Occupation	
Girling Community Care	Regional Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	110.00	
Onici (ahenis)	110.00	
Full Name (Last, First, Middle Initial) 3. Jennifer Lynn Vogt		Date of Receipt
Mailing Address 4506 Grand Cypress Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	02 15 2013 Transaction ID : \$A11A1 18365
Austin	TX 78747	Transaction ID : SA11AI.18265 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	55.00
Name of Employer	Occupation	
Girling Community Care	Regional Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	165.00	
Full Name (Last, First, Middle Initial) C. Jennifer Lynn Vogt		Date of Receipt
Mailing Address 4506 Grand Cypress Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	02 28 2013 Transaction ID : SA11AI.18529
Austin	TX 78747	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer	Occupation	
Girling Community Care	Regional Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
SUBTOTAL of Receipts This Page (optional)		165.00
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ITEMIZED RECEIPTS 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) Jennifer Lynn Vogt Date of Receipt Mailing Address 4506 Grand Cypress Dr 15 2013 03 City State Zip Code Transaction ID: SA11AI.18798 TX 78747 Austin Amount of Each Receipt this Period FEC ID number of contributing C 55.00 federal political committee. Name of Employer Occupation Girling Community Care Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jennifer Lynn Vogt Date of Receipt Mailing Address 4506 Grand Cypress Dr 03 29 2013 City State Zip Code Transaction ID: SA11AI.19063 TX Austin 78747 Amount of Each Receipt this Period FEC ID number of contributing 55.00 federal political committee. Name of Employer Occupation Girling Community Care Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Jennifer Lynn Vogt Date of Receipt Mailing Address 4506 Grand Cypress Dr 04 15 2013 City State Zip Code Transaction ID: SA11AI.19328 TX Austin 78747 Amount of Each Receipt this Period FEC ID number of contributing 55.00 С federal political committee. Name of Employer Occupation Regional Vice President Girling Community Care Receipt For: Aggregate Year-to-Date ▼ Primary General 385.00 Other (specify)

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165.00

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	al PAC	
Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt Mailing Address 4506 Grand Cypress Dr		Date of Receipt
City Austin FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify)	State Zip Code TX 78747 C Occupation Regional Vice President Aggregate Year-to-Date ▼ 440.00	Transaction ID : SA11AI.19584 Amount of Each Receipt this Period 55.00
Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt Mailing Address 4506 Grand Cypress Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify)	State Zip Code TX 78747 C Occupation Regional Vice President Aggregate Year-to-Date ▼ 495.00	Date of Receipt 05
Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt Mailing Address 4506 Grand Cypress Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify)	State Zip Code TX 78747 C Occupation Regional Vice President Aggregate Year-to-Date ▼ 550.00	Date of Receipt 05 31 2013 Transaction ID: SA11Al.20106 Amount of Each Receipt this Period 55.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	165.00
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A or NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt Date of Receipt Mailing Address 4506 Grand Cypress Dr 2013 06 City State Zip Code Transaction ID: SA11AI.20359 TX Austin 78747 Amount of Each Receipt this Period FEC ID number of contributing C 55.00 federal political committee. Name of Employer Occupation Regional Vice President Girling Community Care Receipt For: Aggregate Year-to-Date ▼ Primary General 605.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jennifer Lynn Vogt Date of Receipt Mailing Address 4506 Grand Cypress Dr 06 28 2013 City State Zip Code Transaction ID: SA11AI.20605 TX Austin 78747 Amount of Each Receipt this Period FEC ID number of contributing 55.00 federal political committee. Name of Employer Occupation Girling Community Care Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) Full Name (Last, First, Middle Initial) c. Iris B Williams Date of Receipt Mailing Address 3733 Locke Ln 01 07 2013 Zip Code City State Transaction ID: SA11AI.17585 TX Corpus Christi 78415 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation **Director of Operations** MBS Rehab Receipt For: Aggregate Year-to-Date ▼ Primary General 25.00 Other (specify) 135.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 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) Iris B Williams Date of Receipt Mailing Address 3733 Locke Ln 2013 22 City Zip Code State Transaction ID: SA11AI.17865 TX Corpus Christi 78415 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation MBS Rehab Director of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 50.00 Other (specify) Full Name (Last, First, Middle Initial) B. Iris B Williams Date of Receipt Mailing Address 3733 Locke Ln 02 07 2013 City State Zip Code Transaction ID: SA11AI.18137 Corpus Christi TX 78415 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation MBS Rehab **Director of Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General 75.00 Other (specify) Full Name (Last, First, Middle Initial) c. Iris B Williams Date of Receipt Mailing Address 3733 Locke Ln 02 22 2013 City Zip Code State Transaction ID: SA11AI.18406 TX Corpus Christi 78415 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation MBS Rehab **Director of Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General 100.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 14 13 15 16 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) Iris B Williams Date of Receipt Mailing Address 3733 Locke Ln 03 07 2013 City Zip Code State Transaction ID: SA11AI.18668 TX Corpus Christi 78415 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation MBS Rehab Director of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 125.00 Other (specify) Full Name (Last, First, Middle Initial) B. Iris B Williams Date of Receipt Mailing Address 3733 Locke Ln 03 22 2013 City State Zip Code Transaction ID: SA11AI.18936 Corpus Christi TX 78415 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation MBS Rehab **Director of Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General 150.00 Other (specify) Full Name (Last, First, Middle Initial) c. Iris B Williams Date of Receipt Mailing Address 3733 Locke Ln 80 04 2013 City Zip Code State Transaction ID: SA11AI.19201 TX Corpus Christi 78415 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation MBS Rehab **Director of Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General 175.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 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) Iris B Williams Date of Receipt Mailing Address 3733 Locke Ln 04 2013 22 City Zip Code State Transaction ID: SA11AI.19462 TX Corpus Christi 78415 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation MBS Rehab Director of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Iris B Williams Date of Receipt Mailing Address 3733 Locke Ln 05 07 2013 City State Zip Code Transaction ID: SA11AI.19719 Corpus Christi TX 78415 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation MBS Rehab **Director of Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Iris B Williams Date of Receipt Mailing Address 3733 Locke Ln 05 22 2013 City Zip Code State Transaction ID: SA11AI.19981 TX Corpus Christi 78415 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation MBS Rehab **Director of Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any 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) Iris B Williams Date of Receipt Mailing Address 3733 Locke Ln 07 2013 City State Zip Code Transaction ID: SA11AI.20238 TX Corpus Christi 78415 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation MBS Rehab **Director of Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Iris B Williams Date of Receipt Mailing Address 3733 Locke Ln 06 21 2013 City State Zip Code Transaction ID: SA11AI.20486 Corpus Christi TX 78415 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation MBS Rehab **Director of Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Lloyd Wilson Date of Receipt Mailing Address 1703 W. 5th Street, Ste. 700 01 15 2013 Zip Code City State Transaction ID: SA11AI.17720 TX Austin 78703 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Vice President, Public Affairs Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 40.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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١.	Full Name (Last, First, Middle Initial) Thomas Lloyd Wilson Mailing Address 1703 W. 5th Street, Ste. 700				Date of	Rece			V	V
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	Austin	TX	78703		Amount					
	FEC ID number of contributing federal political committee.	С						,	40.	00
	Name of Employer	Occupation								
	Harden Healthcare	Vice Preside	ent, Public Affairs							
	Receipt For:	Aggregate '	Year-to-Date ▼							
	Primary General Other (specify) ▼		80.	.00						
 3.	Full Name (Last, First, Middle Initial) Thomas Lloyd Wilson				Date of	Rece	eipt			
	Mailing Address 1703 W. 5th Street, Ste. 700				M = M 02	/	15	/ Y	2013	Υ
	City	State	Zip Code		Transa	actior	1D : S	A11AI.1	8267	
	Austin	TX	78703		Amount	of Ea	ach Re	ceipt thi	s Period	
	FEC ID number of contributing federal political committee.	С				- 7		7	40.	00
	Name of Employer	Occupation								
	Harden Healthcare	Vice Preside	ent, Public Affairs							
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 120.	.00						
).	Full Name (Last, First, Middle Initial) Thomas Lloyd Wilson				Date of	Rece	eipt			
	Mailing Address 1703 W. 5th Street, Ste. 700				M M 02	/	28	/ Y	2013	Y
	City Austin	State TX	Zip Code 78703	_	Trans:			A11AI.1 ceipt thi		
	FEC ID number of contributing federal political committee.	С				- 1		7	40.	.00
	Name of Employer	Occupation								
	Harden Healthcare	Vice Preside	ent, Public Affairs							
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for each category of the 12 Detailed Summary Page 14 13 15 16 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) Thomas Lloyd Wilson Date of Receipt Mailing Address 1703 W. 5th Street, Ste. 700 2013 03 City Zip Code State Transaction ID: SA11AI.18800 TX 78703 Austin Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Vice President, Public Affairs Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Lloyd Wilson Date of Receipt Mailing Address 1703 W. 5th Street, Ste. 700 03 29 2013 City State Zip Code Transaction ID: SA11AI.19065 TX Austin 78703 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Harden Healthcare Vice President, Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Lloyd Wilson Date of Receipt Mailing Address 1703 W. 5th Street, Ste. 700 06 07 2013 City Zip Code State Transaction ID: SA11AI.20239 TX Austin 78703 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Vice President, Public Affairs Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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14 13 15 16 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) Thomas Lloyd Wilson Date of Receipt Mailing Address 1703 W. 5th Street, Ste. 700 2013 21 City Zip Code State Transaction ID: SA11AI.20487 TX 78703 Austin Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Vice President, Public Affairs Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Troy Adam Yarborough Date of Receipt Mailing Address 1703 W 5th St Ste 700 01 15 2013 City State Zip Code Transaction ID: SA11AI.17722 TX Austin 78703 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Harden Healthcare Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 50.00 Other (specify) Full Name (Last, First, Middle Initial) c. Troy Adam Yarborough Date of Receipt Mailing Address 1703 W 5th St Ste 700 01 31 2013 City Zip Code State Transaction ID: SA11AI.18000 TX Austin 78703 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Senior Vice President Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 100.00 Other (specify) 140.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	ral PAC	
Full Name (Last, First, Middle Initial) Troy Adam Yarborough Mailing Address 1703 W 5th St Ste 700 City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) Eull Name (Last, First, Middle Initial)	State Zip Code TX 78703 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 150.00	Date of Receipt 02 15 2013 Transaction ID : SA11AI.18269 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Troy Adam Yarborough Mailing Address 1703 W 5th St Ste 700 City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify)	State Zip Code TX 78703 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 200.00	Date of Receipt 02 28 2013 Transaction ID: SA11AI.18534 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Troy Adam Yarborough Mailing Address 1703 W 5th St Ste 700 City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify)	State Zip Code TX 78703 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 250.00	Date of Receipt 03
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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	I PAC	
Full Name (Last, First, Middle Initial) Troy Adam Yarborough Mailing Address 1703 W 5th St Ste 700		Date of Receipt
		03 29 2013
City	State Zip Code	Transaction ID : SA11AI.19066
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
Harden Healthcare	Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Troy Adam Yarborough		Date of Receipt
Mailing Address 1703 W 5th St Ste 700		04 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code TX 78703	Transaction ID : SA11AI.19330
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
Harden Healthcare	Senior Vice President	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) C. Troy Adam Yarborough		Date of Receipt
Mailing Address 1703 W 5th St Ste 700		04 30 / Y = Y = Y = Y
City Austin	State Zip Code TX 78703	Transaction ID : SA11AI.19588
	10103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Harden Healthcare	Senior Vice President	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		150.00
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for each category of the Detailed Summary Page 14 13 15 16 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) Troy Adam Yarborough Date of Receipt Mailing Address 1703 W 5th St Ste 700 15 2013 City State Zip Code Transaction ID: SA11AI.19849 TX 78703 Austin Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Senior Vice President Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Troy Adam Yarborough Date of Receipt Mailing Address 1703 W 5th St Ste 700 05 31 2013 City State Zip Code Transaction ID: SA11AI.20109 TX Austin 78703 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Harden Healthcare Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Troy Adam Yarborough Date of Receipt Mailing Address 1703 W 5th St Ste 700 06 14 2013 City Zip Code State Transaction ID: SA11AI.20363 TX Austin 78703 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Senior Vice President Harden Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

FOF	R LINE	NU	MBER	:	PAGE	1	80 OF	186
(che	ck only	or	ne)					
X	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 t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	al PAC	
Full Name (Last, First, Middle Initial) Troy Adam Yarborough Mailing Address 1703 W 5th St Ste 700		Date of Receipt
City Austin	State Zip Code TX 78703	06 28 2013 Transaction ID : SA11AI.20610 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Harden Healthcare Receipt For:	Occupation Senior Vice President	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	3. 233. 1000pt till 1 0100
Name of Employer Receipt For:	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address City	State Zip Code	M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee.	C Zip code	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		50.00
TOTAL This Period (last page this line number	er only)	25190.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose or for commercial purposes, other than using the name and address of any political committee to solicit contribution NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	b 11c 12 15 X 16 17 ee of soliciting contributions
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose or for commercial purposes, other than using the name and address of any political committee to solicit contribution. NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	15 X 16 17 se of soliciting contributions
Any information copied from such Reports and Statements may not be sold or used by any person for the purpos or for commercial purposes, other than using the name and address of any political committee to solicit contribution. NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	15 X 16 17 se of soliciting contributions
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose or for commercial purposes, other than using the name and address of any political committee to solicit contribution NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	e of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	ons from such committee.
Harden Healthcare LLC Federal PAC	
<u>/</u>	
Full Name (Last, First, Middle Initial) A. DEWHURST FOR TEXAS Date of Rece	nt
Madisary Address (200 CAM ANTONIO CERTIFICATION	D D / Y Y Y Y
02	18 2013
011	ID : SA16.17295
ALIOTIAL TV 70704	ch Receipt this Period
FEC ID number of contributing federal political committee. C C00499350	5000.00
Name of Employer Occupation Refund of Con-	ribution
Receipt For: 2012 Aggregate Vear-to-Date ▼	
Primary	
Other (specify) ▼ 5000.00	
Other (specify)	
Full Name (Last, First, Middle Initial)	
B. Date of Rece	pt
Mailing Address) D / Y Y Y Y
City State Zip Code	
· · · · · · · · · · · · · · · · · · ·	ch Receipt this Period
FEO ID work or of contribution	
federal political committee.	
Name of Facilities	,
Name of Employer Occupation	
Receipt For:	
Aggregate Year-to-Date ▼ Primary General	
Other (specify) ▼	
Full Name (Last, First, Middle Initial) C. Date of Rece	pt
Madison Address	D D / Y Y Y Y
City State Zip Code	
	ch Receipt this Period
FEC ID number of contributing federal political committee.	
Name of Employer Occupation	
Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Other (specify) ▼	
	5000.00
SUBTOTAL of Receipts This Page (optional)	5000.00

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

5000.00

SCHEDULE B (FEC Form 3X)	Llee concrete calculated	FOR LINE NUMBER: PAGE 182 OF 186			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only 21b	one)	3 24 25 26	
	Detailed Summary Page	27	28a 28b	28c 29 30b	
Any information copied from such Reports and State					
or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	ne and address of any politic	ai committee to	Solicit contributions from	in such committee.	
Harden Healthcare LLC Federal P.	AC				
Full Name (Last, First, Middle Initial)			D : (D:)		
A. Harden Healthcare Services			Date of Disbursement		
Mailing Address 1703 W 5th St Ste 800			01 14	2013	
,	State Zip Code		Transaction ID : SI	B21B.17301	
Austin Purpose of Disbursement	TX 78703				
Administrative Services		001	Amount of Each Disk	oursement this Period	
Candidate Name		Category/		1100.00	
Office Sought: House Disburse	ment For:	Туре			
Senate	Primary General				
President	Other (specify) ▼				
State: District: Full Name (Last, First, Middle Initial)					
B. Harden Healthcare Services			Date of Disbursemer	nt	
			M M / D D	/ Y Y Y Y Y	
Mailing Address 1703 W 5th St Ste 800			02 05	2013	
City Austin	State Zip Code TX 78703		Transaction ID : SI	B21B.17302	
Purpose of Disbursement Administrative Services		001	Amount of Each Dial	oursement this Period	
Candidate Name			Amount of Each Dist	oursement this Feriod	
		Category/ Type		150.00	
	ment For:				
Senate President	Primary General Other (specify) ▼				
State: District:	(
Full Name (Last, First, Middle Initial)					
C. Harden Healthcare Services			Date of Disbursemer		
Mailing Address 1703 W 5th St Ste 800			03	2013	
City	State Zip Code		Transaction ID : SI	B21B.17303	
Austin Purpose of Disbursement	TX 78703				
Administrative Services		001	Amount of Each Disk	oursement this Period	
Candidate Name		Category/ Type		150.00	
	ment For:		,	,	
Senate President	Primary General Other (specify) ▼				
State: District:	Other (specify)				
SUBTOTAL of Disbursements This Page (optional)		······		1400.00	
TOTAL This Period (last page this line number only)				

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 183 OF 186			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	X 21b	22	23 24 25 26 28b 28c 29 30b	
	<u> </u>		28a		
Any information copied from such Reports and State or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)					
│ Harden Healthcare LLC Federal P	AC				
Full Name (Last, First, Middle Initial)					
A. Harden Healthcare Services			Date of Disbursement		
Mailing Address 1703 W 5th St Ste 800			04	01 2013	
City	State Zip Code		Transac	tion ID : SB21B.22246	
Austin	TX 78703		Transac	1011 10 . 302 10.22240	
Purpose of Disbursement Administrative Services		001	Amount of	Each Disbursement this Period	
Candidate Name		Category/ Type		150.00	
Office Sought: House Disburse	ment For:	Турс			
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)			Data of D	ichuraamant	
B. Harden Healthcare Services				isbursement	
Mailing Address 1703 W 5th St Ste 800			05	01 2013	
	State Zip Code		Transac	tion ID : SB21B.22247	
Austin Purpose of Disbursement	TX 78703				
Administrative Services		001	Amount of	Each Disbursement this Period	
Candidate Name		Category/			
		Type		150.00	
	ment For:				
Senate	Primary General				
President State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C. Harden Healthcare Services			Date of D	isbursement	
Mailing Address 1703 W 5th St Ste 800			06	03 2013	
Mailing Address 1703 W Still St Ste 600			oo	2010	
City Austin	State Zip Code TX 78703		Transac	tion ID : SB21B.22248	
Purpose of Disbursement	70700				
Administrative Services		001	Amount of	Each Disbursement this Period	
Candidate Name		Category/ Type		150.00	
Office Sought: House Disburse	ment For:	7,6-5			
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
CURTOTAL of Dishuranessta This Daws (astisses)				450.00	
SUBTOTAL of Disbursements This Page (optional)		······			
TOTAL This Period (last page this line number only)	·····•		1850.00	

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 184 OF 186			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	INOMBER.		
II LIVILLE DIODONOLIVILINIO		21b	22 🗙 23 24 25 26		
	Dotaliou Guillinary Lage	27	28a 28b 28c 29 30l		
Any information copied from such Reports and States					
or for commercial purposes, other than using the nar	ne and address of any politic	cal committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
$ \; angle$ Harden Healthcare LLC Federal P.	AC				
Full Name (Last, First, Middle Initial)					
A. BRALEY FOR CONGRESS			Date of Disbursement		
			M M / D D / Y Y Y		
Mailing Address PO BOX 390			06 10 2013		
City	State Zip Code				
WATERLOO	IA 50704		Transaction ID: SB23.22241		
Purpose of Disbursement	33.3.				
Political Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	2500.00		
BRUCE L BRALEY		Туре	2300.00		
Office Sought: House Disburser Senate	ment For: 2014				
President	Primary General Other (specify) ▼				
State: IA District: 01	Other (opcomy)				
Full Name (Last, First, Middle Initial)					
B. DOGGETT FOR US CONGRESS			Date of Disbursement		
			M = M / D = D / Y = Y = Y		
Mailing Address PO BOX 5843			04 03 2013		
City	State Zip Code				
AUSTIN	TX 78763		Transaction ID : SB23.22240		
Purpose of Disbursement					
Political Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	1000.00		
LLOYD DOGGETT	word Fam. 2011	Туре	1000.00		
	ment For: 2014 Primary General				
President	Other (specify) ▼				
State: TX District: 25	(1), V				
Full Name (Last, First, Middle Initial)					
C. MORAN NRSC VICTORY FUND			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address 228 S WASHINGTON STREET #1	15		03 08 2013		
City	State Zip Code				
ALEXANDRIA	VA 22314		Transaction ID : SB23.17296		
Purpose of Disbursement Political Contribution					
		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	2500.00		
Office Sought: House Disburser	ment For: 2014	Туре			
Senate Stagnic	Primary General				
President	Other (specify) ▼				
State: District:	<u> </u>				
SUBTOTAL of Disbursements This Page (optional)		·····	6000.00		
TOTAL This Period (last page this line number only)					

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 185 OF 186		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b		
Any information copied from such Departs and Chita	monte may not be cald as				
Any information copied from such Reports and State or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)					
Harden Healthcare LLC Federal P	AC				
Full Name (Last, First, Middle Initial)					
A. TEXANS FOR LAMAR SMITH			Date of Disbursement		
Mailing Address DO DOY 0155			M M / D D / Y Y Y Y		
Mailing Address PO BOX 6155			06 19 2013		
City	State Zip Code		Transaction ID : SB23.22242		
SAN ANTONIO Purpose of Disbursement	TX 78209		1141154CUUII ID : 3D23.22242		
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/			
LAMAR SMITH		Type	2000.00		
	ment For: 2014				
Senate President	Primary General Other (specify) ▼				
State: TX District: 21	- \-\				
Full Name (Last, First, Middle Initial)					
B. TEXANS FOR SENATOR JOHN (CORNYN INC		Date of Disbursement		
Mailing Address PO BOX 13026			03 26 2013		
			20 20 2010		
	State Zip Code TX 78711		Transaction ID : SB23.17300		
AUSTIN Purpose of Disbursement	TX 78711				
Political Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	2500.00		
JOHN CORNYN Office Sought: House Disburse	ment For: 2014	Туре	2000.00		
	ment For: 2014 Primary General				
President	Other (specify) ▼				
State: TX District: 00					
Full Name (Last, First, Middle Initial)			Data of Dishursans-at		
C. YODER FOR CONGRESS			Date of Disbursement		
Mailing Address PO BOX 26742			03 25 2013		
011	O				
City OVERLAND PARK	State Zip Code KS 66225		Transaction ID : SB23.17298		
Purpose of Disbursement	- 00220				
Political Contribution		011	Amount of Each Disbursement this Period		
Candidate Name KEVIN W YODER		Category/	2500.00		
	ment For: 2014	Туре			
Senate Stag.iii	Primary General				
President	Other (specify) ▼				
State: KS District: 03					
SUBTOTAL of Disbursements This Page (optional)			7000.00		
SOBTOTAL OF DISDUISEMENTS THIS Page (optional)		·····			
TOTAL This Period (last page this line number only)		13000.00		

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 186 OF 186			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28b	24 25 26 28c X 29 30	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PA					
Full Name (Last, First, Middle Initial)					
A. TEXANS FOR GREG ABBOTT			Date of Disbursem	ent	
Mailing Address PO BOX 308			06 19	2013	
AUSTIN	State Zip Code TX 78767		Transaction ID :	SB29.22244	
Purpose of Disbursement Political Contribution		011	Amount of Each Di	sbursement this Period	
Candidate Name Greg Abbott		Category/ Type		25000.00	
President	nent For: Primary General Other (specify) ▼				
State: District: Full Name (Last, First, Middle Initial) 3.			Data of Dishursom	ont	
Mailing Address		Date of Disbursem	/ Y Y Y Y Y		
	7.0.1				
,	State Zip Code				
Purpose of Disbursement			Amount of Each Di	sbursement this Period	
Candidate Name		Category/ Type			
President	nent For: Primary General Other (specify)				
State: District: Full Name (Last, First, Middle Initial)					
) .			Date of Disbursem	ent	
Mailing Address			W - W / B - B		
City	State Zip Code				
Purpose of Disbursement					
Candidate Name		Category/ Type	Amount of Each Di	isbursement this Period	
	nent For: Primary General Other (specify)		7		
State.					
SUBTOTAL of Disbursements This Page (optional)		······		25000.00	
TOTAL This Period (last page this line number only)				25000.00	