Image# 12970936745					PAGE 1 / 76
	PORT OF F D DISBURS Other Than An Author	SEMENT	s	Office	Use Only
1. NAME OF TYPE COMMITTEE (in full)	e or print V	Example: If typin over the lines.	ng, type	L2FE4M5	
Harden Healthcare LLC Fe					
1					
ADDRESS (number and street)	703 W. 5th Street				
▼ St	uite 700				
Check if different than previously A reported. (ACC)	ustin			TX 787	
2. FEC IDENTIFICATION NUMB	ER V CITY	A	ST		ZIP CODE
C C00489740	3. IS ⁻ RE	~ ~ ~	NEW N) OR	AMENDEI (A))
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) 	b) Monthly Report Due On: Mar 24 Apr 20 (c) 12-Day PRE-Election Report for the: Election (d) 30-Day POST-Election	0 (M3)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10 General (12G) Special (12S)) Dec 20 (M12) (Non-Election Vear Only) (Non-Election Year Only)
Termination Report (TER)	Report for the: Election	M M /	D - D / Y	YYYY	in the State of
5. Covering Period 01	01 / 2012	through	03	312	012 ete.
Type or Print Name of Treasurer T Signature of Treasurer Thomas Life	homas Lloyd Wilson oyd Wilson	[Electronicall	y <i>Filed]</i> Dat	te 04 / 1	4 / Y Y Y Y 4 2012
NOTE: Submission of folge	or incomplete information	now subject the new	con cigning this	Poport to the seco	Ition of 2 11 S.C. S407-
NOTE: Submission of false, erroneous, Office Use Only		may subject the per-	son signing this		C FORM 3X Rev. 12/2004

04/14/2012 13 : 29

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Harden Healthcare LLC Federal PAC М M M Y 01 01 2012 03 2012 Report Covering the Period: 31 From: To: **COLUMN A** COLUMN B This Period **Calendar Year-to-Date** (a) Cash on Hand 6. Y 57115.50 January 1, 2012 (b) Cash on Hand at 57115.50 Beginning of Reporting Period..... 23684.00 23684.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 80799.50 80799.50 6(a) and 6(c) for Column B)..... 33450.00 33450.00 7. Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 47349.50 47349.50 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

Image#	12970936747
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DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Page 3

Harden Healthcare LLC Federal PAC

		b: 03 31 2012
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	13974.00	13974.00
(i) Itemized (use Schedule A)	7 7	7 7
	0740.00	9710.00
(ii) Unitemized	9710.00	9710.00
(iii) TOTAL (add	22684.00	23684.00
Lines 11(a)(i) and (ii)	23684.00	23004.00
	0.00	0.00
(b) Political Party Committees (c) Other Political Committees	7 7 7	
	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	23684.00	23684.00
2. Transfers From Affiliated/Other	7 7	
Party Committees	0.00	0.00
		7 7 7
3. All Loans Received	0.00	0.00
	0.00	
L Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)		0.00
3. Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	
(from Schedule H3)	0.00	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
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	23684.00	23684.00
). Total Federal Receipts		
(subtract Line 18(c) from Line 19) ►	23684.00	23684.0

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	245.00	245.00
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 	245.00	245.00
Transfers to Affiliated/Other Party		0.00
Committees Contributions to Federal Candidates/Committees	0.00	
and Other Political Committees Independent Expenditures	19750.00	19750.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.0
(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
		0.00
(b) Political Party Committees(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))►		
Other Disbursements	13455.00	13455.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	33450.00	33450.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	33450.00	33450.00

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	23684.00	23684.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	23684.00	23684.00
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	245.00	245.00
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	245.00	245.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

76

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12 16	17
Any information copied from such Reports and s or for commercial purposes, other than using th									
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC								
Full Name (Last, First, Middle Initial) Cecilia Abbott Mailing Address 2601 Wooldridge City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼		Zip Code 78703 Dir of Community Rel Year-to-Date ▼ 50.00			/ sactio	13	SA11AI Receipt th	nis Period	d 0.00
Full Name (Last, First, Middle Initial) Cecilia Abbott Mailing Address 2601 Wooldridge City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼		Zip Code 78703 Dir of Community Rel Year-to-Date ▼ 100.00			/ actic	31	SA11AI. Receipt th	nis Perioo	y d 0.00
Full Name (Last, First, Middle Initial) Cecilia Abbott Mailing Address 2601 Wooldridge City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼		Zip Code 78703 Dir of Community Rel Year-to-Date ▼ 150.00			/ sactio	15 200 ID	SA11AI Receipt th	nis Perioo	y d 0.00
SUBTOTAL of Receipts This Page (optional)		•				,	- 7	150	0.00

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

Use separate schedule(s) for each category of the

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PAGE 7 OF

76

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Sta or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal		
Full Name (Last, First, Middle Initial) Cecilia Abbott Mailing Address 2601 Wooldridge 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 Managing Dir of Community Rel Aggregate Year-to-Date ▼ 200.00	Date of Receipt
Full Name (Last, First, Middle Initial) Cecilia Abbott Mailing Address 2601 Wooldridge 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 Managing Dir of Community Rel Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial) Cecilia Abbott Mailing Address 2601 Wooldridge 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 Managing Dir of Community Rel Aggregate Year-to-Date ▼ 300.00	Date of Receipt 03 / 30 / 2012 Transaction ID : SA11AI.7916 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)		• 150.00

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

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Use separate schedule(s) for each category of the

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PAGE 8 OF

76

ITEMIZED RECEIPTS		category of the Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	I PAC		
Full Name (Last, First, Middle Initial) Brianna B Braden Mailing Address 18821 Golddust 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 Coc TX 78660 C Occupation Senior Vice President, H Aggregate Year-to-Date	luman Resources	Date of Receipt
B. Full Name (Last, First, Middle Initial) Brianna B Braden Mailing Address 18821 Golddust Pass City Pflugerville FEC ID number of contributing federal political committee.	State Zip Coo TX 78660	de	Date of Receipt 01 31 2012 Transaction ID : SA11AI.8024 Amount of Each Receipt this Period 100.00
Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)	Occupation Senior Vice President, H Aggregate Year-to-Date		
Full Name (Last, First, Middle Initial) Brianna B Braden Mailing Address 18821 Golddust 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 Coo TX 78660 C Occupation Senior Vice President, H Aggregate Year-to-Date	Human Resources	Date of Receipt 02 15 2012 Transaction ID : SA11AI.8025 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)			300.00

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PAGE 9 OF

76

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and S		
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa		e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brianna B Braden Mailing Address 18821 Golddust 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
Full Name (Last, First, Middle Initial) Brianna B Braden Mailing Address 18821 Golddust 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
Full Name (Last, First, Middle Initial) Brianna B Braden Mailing Address 18821 Golddust 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
SUBTOTAL of Receipts This Page (optional)		300.00

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PAGE 10 OF

76

		for each category of the Detailed Summary Page	11a 13	11b	11c	12	17
Any information copied from such Reports ar or for commercial purposes, other than using			or the	purpose	of solicitin	g contribu	utions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	eral PAC						
Full Name (Last, First, Middle Initial) Wendi Bray Mailing Address 15705 Edenderry Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼		Zip Code 78717 President, Finance Year-to-Date ▼ 100.00	M M 01 Trans	saction I	t 13 D : SA11AI h Receipt ti	his Period	
Full Name (Last, First, Middle Initial) B. Wendi Bray Mailing Address 15705 Edenderry Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼		Zip Code 78717 President, Finance Year-to-Date ▼ 200.00	M M 01 Trans		t 31 D : SA11AI h Receipt tl	his Period	Y 1 0.00
Full Name (Last, First, Middle Initial) Wendi Bray Mailing Address Mailing Address 15705 Edenderry Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)		Zip Code 78717 President, Finance Year-to-Date ▼ 300.00	M M 02 Trans	saction I		his Period	1 0.00
SUBTOTAL of Receipts This Page (optional)					300	.00

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PAGE 11 OF

76

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than using				or the	purpose	of soliciting	g contribu	itions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fed	eral PAC							
Full Name (Last, First, Middle Initial) A. Wendi Bray Mailing Address 15705 Edenderry Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services	State TX C Occupation Senior Vice	Zip Code 78717		02 Trans	saction I	29 / Y D : SA11AI Receipt th	nis Period	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]					
B. Full Name (Last, First, Middle Initial) Mailing Address 15705 Edenderry Dr				Date o	f Receipt	р / ү 15	2012	Y
City Austin FEC ID number of contributing federal political committee.	State TX	Zip Code 78717	/	Trans	action ID) : SA11AI. Receipt th	8037	_
Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)		President, Finance Year-to-Date ▼ 500.00						
Full Name (Last, First, Middle Initial) C. Wendi Bray			_	Date o	f Receipt			
Mailing Address 15705 Edenderry Dr City Austin FEC ID number of contributing federal political committee. Name of Employer	State TX C	Zip Code 78717		03 Trans	saction II		nis Period	0.00
Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	I	President, Finance Year-to-Date ▼ 600.00]					
SUBTOTAL of Receipts This Page (optiona	ul)				- 1		300	.00

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PAGE 12 OF

76

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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
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	I PAC	
Full Name (Last, First, Middle Initial) A. Richard W Breuss III Mailing Address 6175 Colt Dr City West Des Noines 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 Occupation Regional Vice President Aggregate Year-to-Date ▼ 50.00	Date of Receipt
Full Name (Last, First, Middle Initial) Richard W Breuss III Mailing Address 6175 Colt Dr City West Des Noines FEC ID number of contributing federal political committee. Name of Employer Voyager Hospice Receipt For: Primary General Other (specify) ▼	State Zip Code IA 50131 C C Occupation C Regional Vice President Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 100.00	Date of Receipt 01 20 2012 Transaction ID : SA11AI.8040 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Richard W Breuss III Mailing Address 6175 Colt Dr City West Des Noines 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 ▼ 150.00	Date of Receipt M M / D D / Y Y Y Y 02 07 2012 Transaction ID : SA11AI.8041 Amount of Each Receipt this Period 50.00 50.00
SUBTOTAL of Receipts This Page (optional)		▶ 150.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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PAGE 13 OF

76

			Detailed Summary Page	×	11a 13	11b		11c	12 16	17
Any or	v information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committee	erson t e to so	for the licit co	purpose ntributions	of sol	liciting co	ontribut	tions
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	I PAC								
A .	Full Name (Last, First, Middle Initial) Richard W Breuss III Mailing Address 6175 Colt Dr				Date of		2		y y y 2012	Ŷ
	City West Des Noines	State IA	Zip Code 50131		Trans	action ID) : SA	11AI.804	42	
	FEC ID number of contributing federal political committee.	С						,		.00
	Name of Employer Voyager Hospice Receipt For:		ce President							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 200.00							
B .	Full Name (Last, First, Middle Initial) Richard W Breuss III			_		f Receipt				
	Mailing Address 6175 Colt Dr	State	Zip Code		03		7	_2	2012	Ŷ
	West Des Noines	IA	50131			t of Each				
	FEC ID number of contributing federal political committee.	С						, pr uno	50.	.00
	Name of Employer Voyager Hospice	Occupation Regional Vi	ce President							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
	Full Name (Last, First, Middle Initial) Richard W Breuss III				Date of	f Receipt				
	Mailing Address 6175 Colt Dr				м м 03		22		2012	Y
-	City West Des Noines	State IA	Zip Code 50131			saction ID t of Each				
	FEC ID number of contributing federal political committee.	С						,	50	.00
	Name of Employer Voyager Hospice	Occupation Regional V	ice President							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]						
sı	JBTOTAL of Receipts This Page (optional)					3	_	7	150.	00

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

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Use separate schedule(s) for each category of the

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PAGE 14 OF

76

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
Poppint For:	Zip Code 74114 ion I Manager, Oklahoma ate Year-to-Date ▼ 60.00	Date of Receipt
Receipt For: Aggrega	Zip Code 74114 ion Manager, Oklahoma ite Year-to-Date ▼	Date of Receipt 01 27 2012 Transaction ID : SA11AI.8046 Amount of Each Receipt this Period 60.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Timothy R Brittingham Mailing Address 2807 S Gary Avenue City State Tulsa OK FEC ID number of contributing federal political committee. C Name of Employer Occupat Girling Community Care Regiona	120.00 Zip Code 74114	Date of Receipt 02 13 2012 Transaction ID : SA11AI.8047 Amount of Each Receipt this Period 60.00
SUBTOTAL of Receipts This Page (optional)		180.00

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 15 OF

76

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal I	PAC	
Girling Community Care	State Zip Code OK 74114 C Occupation Regional Manager, Oklahoma Aggregate Year-to-Date ▼ 240.00 240.00	Date of Receipt
Girling Community Care	State Zip Code OK 74114 C Occupation Regional Manager, Oklahoma Aggregate Year-to-Date ▼ 300.00 300.00	Date of Receipt
Girling Community Care	State Zip Code OK 74114 C Occupation Regional Manager, Oklahoma Aggregate Year-to-Date ▼ 360.00 360.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 180.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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PAGE 16 OF

76

	for each category of the Detailed Summary Page	
Any information copied from such Reports a	And Statements may not be sold or used by any pe g the name and address of any political committee	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fec		
Full Name (Last, First, Middle Initial) A . Stefanie L Cavanaugh		Date of Receipt
Mailing Address 12512 Deer Falls Dr		01 13 2012
City Austin	State Zip Code TX 78729	Transaction ID : SA11AI.8108 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Harden Healthcare Services	Occupation Finance	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	
Full Name (Last, First, Middle Initial) B. Stefanie L Cavanaugh		Date of Receipt
Mailing Address 12512 Deer Falls Dr		01 31 2012
City	State Zip Code	Transaction ID : SA11AI.8109
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 ▼	
Other (specify)	400.00	
Full Name (Last, First, Middle Initial) C. Stefanie L Cavanaugh		Date of Receipt
Mailing Address 12512 Deer Falls Dr		02 15 2012
City Austin	State Zip Code TX 78729	Transaction ID : SA11AI.8110 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 ▼	
Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (option	al)	600.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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PAGE 17 OF

76

ITEINIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports ar or for commercial purposes, other than using	nd 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
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	eral PAC	
Full Name (Last, First, Middle Initial) A. Stefanie L Cavanaugh		Date of Receipt
Mailing Address 12512 Deer Falls Dr		02 29 2012
City Austin	State Zip Code TX 78729	Transaction ID : SA11AI.8111 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Harden Healthcare Services	Occupation Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00]
Full Name (Last, First, Middle Initial) B. Stefanie L Cavanaugh		Date of Receipt
Mailing Address 12512 Deer Falls Dr		03 15 2012
City Austin	State Zip Code TX 78729	Transaction ID : SA11AI.8112 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Harden Healthcare Services	Occupation Finance	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) C. Stefanie L Cavanaugh		Date of Receipt
Mailing Address 12512 Deer Falls Dr		03 30 2012
City Austin	State Zip Code TX 78729	Transaction ID : SA11AI.8113 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Harden Healthcare Services Receipt For:	Finance	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	1
SUBTOTAL of Receipts This Page (optiona	I)	▶ 600.00

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Use separate schedule(s) for each category of the

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PAGE 18 OF

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ITEMIZED RECEIPTS	for each categor Detailed Summa		X	11a 13		11b 14	11c	12	17
Any information copied from such Reports and S or for commercial purposes, other than using the							f soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	PAC								
Full Name (Last, First, Middle Initial) Maryann M Choi Mailing Address 501 S Austin Ave City Georgetown FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78626 C Occupation Occupation Chief Medical Officer Aggregate Year-to-Date ▼	50.00			/ sacti	13		nis Perioc	_
Full Name (Last, First, Middle Initial) B. Maryann M Choi Mailing Address 501 S Austin Ave City Georgetown FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78626 C Occupation Occupation Chief Medical Officer Aggregate Year-to-Date ▼	100.00			/ acti	31 on ID :		nis Perioc	d 0.00
Full Name (Last, First, Middle Initial) Maryann M Choi Mailing Address 501 S Austin Ave City Georgetown FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78626 C Occupation Occupation Chief Medical Officer Aggregate Year-to-Date ▼	150.00			/ sact	15 ion ID		nis Perioc	_
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PAGE 19 OF

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Si or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Maryann M Choi Mailing Address 501 S Austin Ave City Georgetown FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78626 C Occupation Occupation Chief Medical Officer Aggregate Year-to-Date ▼ 200.00	Date of Receipt 02 29 2012 Transaction ID : SA11AI.8145 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Maryann M Choi Mailing Address 501 S Austin Ave City Georgetown FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78626 C Occupation Occupation Chief Medical Officer Aggregate Year-to-Date ▼ 250.00	Date of Receipt 03 15 2012 Transaction ID : SA11AI.8146 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Maryann M Choi Mailing Address 501 S Austin Ave City Georgetown FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78626 C Occupation Occupation Chief Medical Officer Aggregate Year-to-Date ▼ 300.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 150.00

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18

Use separate schedule(s) for each category of the

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PAGE 20 OF

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Any information copied from such Reports and Si or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	I PAC								
Full Name (Last, First, Middle Initial) Cathi Coney Mailing Address 7207 Nine Oaks Cove City Austin FEC ID number of contributing federal political committee. Name of Employer MBS Pharmacy Receipt For: Primary General Other (specify) ▼		Zip Code 78759 ent, Operations Year-to-Date ▼ 50.00			/ sactio	06 06	SA11AI. Receipt th	nis Perioo	y d 0.00
Full Name (Last, First, Middle Initial) Cathi Coney Mailing Address 7207 Nine Oaks Cove City Austin FEC ID number of contributing federal political committee. Name of Employer MBS Pharmacy Receipt For: Primary General Other (specify) ▼		Zip Code 78759 ent, Operations Year-to-Date ▼ 100.00			/ actic	23	SA11AI. Receipt th	nis Perioo	y d 0.00
Full Name (Last, First, Middle Initial) Cathi Coney Mailing Address 7207 Nine Oaks Cove City Austin FEC ID number of contributing federal political committee. Name of Employer MBS Pharmacy Receipt For: Primary General Other (specify) ▼		Zip Code 78759 ent, Operations Year-to-Date ▼ 150.00			/	07 07		nis Perioo	y d 0.00
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 21 OF

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or	for commercial purposes, other than using the	name and a	ddress of any political committee	to so	licit cor	ntrib	utions	fron	n such c	omm	uttee	э.	
\backslash	NAME OF COMMITTEE (In Full)												
	Harden Healthcare LLC Federal	PAC											
Α.	Full Name (Last, First, Middle Initial) Cathi Coney			[Date of	Re	ceipt						
	Mailing Address 7207 Nine Oaks Cove				м м 02	/	22			y y 2012			
	City	State	Zip Code			acti			11AI.81				
	Austin	ТΧ	78759						eipt this		bd		
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	Name of Employer	Occupation		-									
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	Full Name (Last, First, Middle Initial) Cathi Coney												
в.					Date of	ке	ceipt						
	Mailing Address 7207 Nine Oaks Cove				03	<i>'</i>	07		2	2012	Y		
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	MBS Pharmacy	Vice Preside	ent, Operations										
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	Primary General	33 - 3											
	Other (specify)		250.00										
c.	Full Name (Last, First, Middle Initial) Cathi Coney				Date of	Re	ceipt						
	Mailing Address 7207 Nine Oaks Cove				м м 03	/	22			y y 2012	Y		
	City	State	Zip Code		Trans	acti	on ID	: SA	11AI.81	89			
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PAGE 22 OF

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal		
Full Name (Last, First, Middle Initial) Lisa Lynn Cupps Mailing Address 2450 CR 253 City Comanche FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76442 C Occupation Occupation Regional Director, West Texas Aggregate Year-to-Date ▼ 50.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Lisa Lynn Cupps Mailing Address 2450 CR 253 City Comanche FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76442 C Occupation Regional Director, West Texas Aggregate Year-to-Date ▼ 100.00	Date of Receipt
Full Name (Last, First, Middle Initial) Lisa Lynn Cupps Mailing Address 2450 CR 253 City Comanche FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76442 C Occupation Occupation Regional Director, West Texas Aggregate Year-to-Date ▼ 150.00	Date of Receipt
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PAGE 23 OF

76

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		1a 3	11b 14	11c	12 16	17
Any information copied from such Reports and a or for commercial purposes, other than using th								
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC							
Full Name (Last, First, Middle Initial) Lisa Lynn Cupps Mailing Address 2450 CR 253 City Comanche FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼		Zip Code 76442 rector, West Texas Year-to-Date ▼ 200.00	T	02 ransa		: SA11AI	his Period).00
Full Name (Last, First, Middle Initial) Lisa Lynn Cupps Mailing Address 2450 CR 253 City Comanche FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼		Zip Code 76442 rector, West Texas Year-to-Date ▼ 250.00	T	03 ransa		: SA11AI	his Period	ý 1. 0.00
Full Name (Last, First, Middle Initial) Lisa Lynn Cupps Mailing Address 2450 CR 253 City Comanche FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼		Zip Code 76442 rector, West Texas Year-to-Date ▼ 300.00	T	03 Transa	3 Iction ID	: SA11AI	his Period	ý 1 0.00
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SCHEDULE A	(FEC Form 3X)
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PAGE 24 OF

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Any information copied from such Reports and or for commercial purposes, other than using												
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	ral PAC											
Full Name (Last, First, Middle Initial) A. Wendy L Day						Date o	f Re	ceipt				
Mailing Address 4809 Sinclair Ave						м м 01		06		ү ү 2012	Y	
City	State	Zip Code				Trans	sacti	on ID :	SA11AI.	8238		
Austin	ТХ	78756			- '	Amoun	t of	Each F	Receipt th	is Period		
FEC ID number of contributing federal political committee.	С							7	7	50	.00	
Name of Employer	Occupation				1							
TRISUN Healthcare	Administrat	or										
Receipt For:	Aggregate	Year-to-Date	7		1							
Primary General Other (specify) ▼		7 7	50.0	00								
Full Name (Last, First, Middle Initial) B. Wendy L Day						Date o	f Re	ceipt				
Mailing Address 4809 Sinclair Ave						м м 01	/	23		ү ү 2012	Y	
City	State	Zip Code				Trans	sactio	on ID :	SA11AL	8239		
Austin	TX	78756				Amoun	t of	Each F	Receipt th	is Period		
FEC ID number of contributing federal political committee.	С							7		50	.00	
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Receipt For:	Aggregate	Year-to-Date	7		1							
Other (specify) ▼		ý · · · ý	100.0	00								
Full Name (Last, First, Middle Initial) C. Wendy L Day						Date o	f Re	ceipt				
Mailing Address 4809 Sinclair Ave						м м 02		07		2012	Y	
City	State	Zip Code			1 '	Trans	sacti	on ID :	SA11AI.	8240		
Austin	ТХ	78756				Amoun	t of	Each F	Receipt th	is Period		
FEC ID number of contributing federal political committee.	C							7	- 7	50	.00	
Name of Employer	Occupation				1							
TRISUN Healthcare	Administrat	or										
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Primary General Other (specify) ▼		7 7	150.0	00								
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SCHEDULE A	(FEC Form 3X)
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PAGE 25 OF

76

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	y information copied from such Reports and Sta for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)											
	Harden Healthcare LLC Federal	PAC										
/	Full Name (Last, First, Middle Initial)											
Α.	Wendy L Day				Date o	f Re	eceipt					
	Mailing Address 4809 Sinclair Ave				M N	/	D			Y	Y	
	City	State	Zip Code		02		22	: SA11AI		012	_	
	Austin	TX	78756					Receipt th				
	FEC ID number of contributing				Amoun		Lacini	leccipt ti	113 1	chida		÷.
	federal political committee.	С					7	7	_	50	.00	1
	Name of Employer	Occupation										
	TRISUN Healthcare	Administrate	or									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		200.00									
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D	Full Name (Last, First, Middle Initial) Wendy L Day				Date o	f Da	agint					
D.	Mailing Address 4809 Sinclair Ave						· ·		V	N.	V	
	Walling Address 4809 Sincial Ave				03		07		20	012	Ť	
	City	State	Zip Code		Trans	sacti	ion ID :	SA11AI.				
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	Name of Employer	Occupation		_								
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	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)		250.00									
c.	Full Name (Last, First, Middle Initial)				Date o	f Re	ceint					
· .	Mailing Address 4809 Sinclair Ave				M N	_	D		Y	Y	Y	
					03		22			012		
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	Austin		78756		Amoun	t of	Each I	Receipt th	າis P	'eriod		
	FEC ID number of contributing federal political committee.	С								50	.00	
	Name of Employer	Occupation		_			,					
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PAGE 26 OF

76

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	ral PAC		
Full Name (Last, First, Middle Initial) James Wayne Douglas Mailing Address 4701 Circle Oak Cove			Date of Receipt
City Austin	State TX	Zip Code 78749	01 13 2012 Transaction ID : SA11AI.8268 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Girling Community Care Receipt For:	Occupation President Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		100.00]
Full Name (Last, First, Middle Initial) James Wayne Douglas Mailing Address 4701 Circle Oak Cove			Date of Receipt
City Austin	State TX	Zip Code 78749	Transaction ID : SA11AI.8269 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Girling Community Care	Occupation President	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.00]
Full Name (Last, First, Middle Initial) C. James Wayne Douglas			Date of Receipt
Mailing Address 4701 Circle Oak Cove	State	Zip Code	02 / D D / Y Y Y Y 15 2012
Austin	TX	78749	Transaction ID : SA11AI.8270 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Girling Community Care	Occupation President	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
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PAGE 27 OF

76

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Any information copied from such Reports and Sta or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal		
Full Name (Last, First, Middle Initial) James Wayne Douglas Mailing Address 4701 Circle Oak Cove 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 78749 C C Occupation President Aggregate Year-to-Date ▼ 400.00	Date of Receipt
Full Name (Last, First, Middle Initial) James Wayne Douglas Mailing Address 4701 Circle Oak Cove 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 78749 C C Occupation President President 4ggregate Year-to-Date ▼ 500.00 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) James Wayne Douglas Mailing Address 4701 Circle Oak Cove 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 78749 C Occupation President Aggregate Year-to-Date ▼ 600.00 600.00	Date of Receipt
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PAGE 28 OF

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Any information copied from such Reports and or for commercial purposes, other than using				or the	purpose	e of solicitin	ig contribu	utions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	ral PAC							
Full Name (Last, First, Middle Initial) Mark Duncan Mailing Address 799 W Bartlett City Buda FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼		Zip Code 78610 Nent, Operations, North Year-to-Date ▼ 75.00	_ [M M 01 Trans	action		his Perioc	
Full Name (Last, First, Middle Initial) B. Mark Duncan Mailing Address 799 W Bartlett City Buda FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼		Zip Code 78610 ent, Operations, North Year-to-Date ▼ 150.00	[01 Trans			his Perioc	y 1 5.00
Full Name (Last, First, Middle Initial) Mark Duncan Mailing Address 799 W Bartlett City Buda FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼		Zip Code 78610 Nent, Operations, North Year-to-Date ▼ 225.00	[M M 02 Trans	action		his Perioc	1 5.00
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PAGE 29 OF

76

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the		y person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa		
Full Name (Last, First, Middle Initial) Mark Duncan Mailing Address 799 W Bartlett City Buda FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78610 C Occupation Occupation Vice President, Operations, North Aggregate Year-to-Date ▼ 300.00	Date of Receipt 02 29 2012 Transaction ID : SA11AI.8281 Amount of Each Receipt this Period 75.00
Full Name (Last, First, Middle Initial) B. Mark Duncan Mailing Address 799 W Bartlett City Buda FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78610 C Occupation Occupation Vice President, Operations, North Aggregate Year-to-Date ▼ 375.00	Date of Receipt 03 15 2012 Transaction ID : SA11AI.8282 Amount of Each Receipt this Period 75.00
Full Name (Last, First, Middle Initial) Mark Duncan Mailing Address 799 W Bartlett City Buda FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78610 C Occupation Vice President, Operations, North Aggregate Year-to-Date ▼ 450.00	Date of Receipt 03 2012 Transaction ID : SA11AI.8283 Amount of Each Receipt this Period 75.00
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PAGE 30 OF

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	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC	
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 Occupation Chief Financial Officer Aggregate Year-to-Date ▼ 100.00	Date of Receipt
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 Occupation Chief Financial Officer Aggregate Year-to-Date ▼ 200.00	Date of Receipt 01 31 2012 Transaction ID : SA11AI.8307 Amount of Each Receipt this Period 100.00
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 Occupation Chief Financial Officer Aggregate Year-to-Date ▼ 300.00	Date of Receipt 02 / 15 / 2012 Transaction ID : SA11AI.8308 Amount of Each Receipt this Period 100.00
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PAGE 31 OF

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC	
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 Occupation C Occupation C Aggregate Year-to-Date ✓ 400.00	Date of Receipt 02 29 2012 Transaction ID : SA11AI.8309 Amount of Each Receipt this Period 100.00
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 ▼ 500.00	Date of Receipt 03 15 2012 Transaction ID : SA11AI.8310 Amount of Each Receipt this Period 100.00
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 ▼ 600.00	Date of Receipt 03 2012 Transaction ID : SA11AI.8311 Amount of Each Receipt this Period 100.00
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PAGE 32 OF

76

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b 14	11c	12	17					
	ny information copied from such Reports and s for commercial purposes, other than using the				for the		pose c	of soliciting	g contribu	itions					
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC													
<u>к</u>	Full Name (Last, First, Middle Initial) Bradford W Evans				Date of	of Re	eceipt								
	Mailing Address 400 E Red Bridge					M M / D D / Y Y Y Y 01 06 2012									
	City Kansas City	State MO	Zip Code 67131	_				: SA11AI Receipt tl		1					
	FEC ID number of contributing federal political committee.	С					,		50	0.00					
	Name of Employer Hospice Care of Kansas	Occupation Director	1												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 50.00	1											
В.	Full Name (Last, First, Middle Initial) Bradford W Evans				Date	of Re	eceipt								
	Mailing Address 400 E Red Bridge				01	Л /	2	D / Y D	2012	Y					
	City Kansas City	State MO	Zip Code 67131		Transaction ID : SA11AI.8322 Amount of Each Receipt this Period					1					
	FEC ID number of contributing federal political committee.	С					9	7	50).00					
	Name of Employer Hospice Care of Kansas	Occupation Director	1												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 100.00	1											
<u>с</u> .	Full Name (Last, First, Middle Initial) Bradford W Evans				Date of	of Re	eceipt								
Mailing Address 400 E Red Bridge					M 02	л /	D D	D / Y 7	ү ү 2012	Ŷ					
	City Kansas City	State MO	Zip Code 67131		Transaction ID : SA11AI.8323 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			50.00										
	Name of Employer	Occupation	1												
	Hospice Care of Kansas	Director													
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 150.00												
\vdash	CUBTOTAL of Receipts This Page (optional)			-			7		150	.00					

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PAGE 33 OF

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and St or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Bradford W Evans Mailing Address 400 E Red Bridge 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 ▼ 200.00 200.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Bradford W Evans Mailing Address 400 E Red Bridge City Kansas City FEC ID number of contributing federal political committee. Name of Employer Hospice Care of Kansas Receipt For:	State Zip Code MO 67131 C Occupation Director Aggregate Year-to-Date ▼	Date of Receipt
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	250.00]
C. Bradford W Evans Mailing Address 400 E Red Bridge 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 MO Zip Code 67131 C Occupation Director Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 300.00	Date of Receipt
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PAGE 34 OF

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	I PAC	
Full Name (Last, First, Middle Initial) Benjamin Falls Mailing Address 12042 Bitter Hollow Dr City Austin FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78758 C Occupation Occupation Gracy Woods/Administrator Aggregate Year-to-Date ▼ ✓	Date of Receipt 09 15 2011 Transaction ID : SA11AI.9614 Amount of Each Receipt this Period 500.00 previously reported as Fells, Benjamin [MEMO ITEM]
Full Name (Last, First, Middle Initial) Patricia (Tricia) Fox Mailing Address P O Box 190 City Florence FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76527 C Occupation Vice President, Rehab Aggregate Year-to-Date ▼ 50.00	Date of Receipt 01 13 2012 Transaction ID : SA11AI.8378 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Patricia (Tricia) Fox Mailing Address P O Box 190 City Florence FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76527 C Occupation Occupation Vice President, Rehab Aggregate Year-to-Date ▼ 100.00	Date of Receipt 01 31 2012 Transaction ID : SA11AI.8379 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)		• 100.00

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PAGE 35 OF

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC								
Full Name (Last, First, Middle Initial) Patricia (Tricia) Fox Mailing Address P O Box 190 City Florence FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify)		Zip Code 76527 Ment, Rehab Year-to-Date ▼ 150.00			act	1t	: SA11AI	his Perioc	y 1 0.00
Full Name (Last, First, Middle Initial) Patricia (Tricia) Fox Mailing Address P O Box 190 City Florence FEC ID number of contributing federal political committee. Name of Employer	State TX C	Zip Code 76527			/ acti	29	: SA11AI	his Perioo	y 1 0.00
Girling Home Health Receipt For: Primary General Other (specify) ▼	Vice Presid]						
Full Name (Last, First, Middle Initial) Patricia (Tricia) Fox Mailing Address P O Box 190 City Florence FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼		Zip Code 76527 dent, Rehab Year-to-Date ▼ 250.00			/ sact	ion ID	: SA11A	his Perioc	Y 1 0.00
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PAGE 36 OF

76

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
1 ,	State Zip Code TX 76527 C Occupation Occupation Vice President, Rehab Aggregate Year-to-Date ▼ 300.00	Date of Receipt
Full Name (Last, First, Middle Initial) Benjamin Hanson Mailing Address 2211 Sunny Slope Drive 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 C Occupation Sr Vice President & General Counsel Aggregate Year-to-Date ▼ 200.00	Date of Receipt
Full Name (Last, First, Middle Initial) Benjamin Hanson Mailing Address 2211 Sunny Slope Drive 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 Sr Vice President & General Counsel Aggregate Year-to-Date ▼ 400.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		450.00

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PAGE 37 OF

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	ny information copied from such Reports and for commercial purposes, other than using th	erson for the purpose of soliciting contributions to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC		
A .	Full Name (Last, First, Middle Initial) Benjamin Hanson Mailing Address 2211 Sunny Slope Drive City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General		Zip Code 78703 sident & General Counsel Year-to-Date ▼ 600.00	Date of Receipt
В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Benjamin Hanson Mailing Address 2211 Sunny Slope Drive		500.00	Date of Receipt
	City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare	State TX C Occupation Sr Vice Pre	Zip Code 78703	O2 23 2012 Transaction ID : SA11AI.8495 Amount of Each Receipt this Period 200.00
	Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	Year-to-Date ▼ 800.00	
C.	Benjamin Hanson Mailing Address 2211 Sunny Slope Drive	State	Zip Code	Date of Receipt 03 / 15 / 2012 Transaction ID : SA11AI.8496
	Austin FEC ID number of contributing federal political committee.	С	78703	Amount of Each Receipt this Period
	Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼		sident & General Counsel Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)		••••••	600.00

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

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PAGE 38 OF

76

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa			
Α.	Mailing Address 2211 Sunny Slope Drive City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For:		Zip Code 78703 sident & General Counsel Year-to-Date ▼	Date of Receipt 03 Transaction ID : SA11AI.8497 Amount of Each Receipt this Period 200.00
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		1200.00	
В.	Eric J Hansum Mailing Address 3005 Chantelaine Dr			Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.8498
	Austin	ТХ	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: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 50.00	
с.	Full Name (Last, First, Middle Initial) Eric J Hansum			Date of Receipt
	Mailing Address 3005 Chantelaine Dr		7.0.1	01 / D D / Y Y Y Y Y 2012
	City Austin	State TX	Zip Code 78746	Transaction ID : SA11AI.8499
			10140	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: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 100.00	
s	UBTOTAL of Receipts This Page (optional)		•••••	300.00

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PAGE 39 OF

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	person for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Eric J Hansum Mailing Address 3005 Chantelaine Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78746 C Occupation Legal Aggregate Year-to-Date ▼ 150.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Eric J Hansum Mailing Address 3005 Chantelaine Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78746 C Occupation Legal Aggregate Year-to-Date ▼ 200.00	Date of Receipt
Full Name (Last, First, Middle Initial) Eric J Hansum Mailing Address 3005 Chantelaine Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78746 C Occupation Legal Aggregate Year-to-Date ▼ 250.00	Date of Receipt
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PAGE 40 OF

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Any information copied from such Reports and or for commercial purposes, other than using th		or the		oose of	f soliciting	g contribu	utions		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC								
Full Name (Last, First, Middle Initial) Eric J Hansum Mailing Address 3005 Chantelaine Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State TX Zip Code 78746 C Occupation Legal Aggregate Year-to-Date ▼	300.00			/ sacti	30 ion ID :		nis Perioo	_
Full Name (Last, First, Middle Initial) Robin J Hayes Mailing Address 6112 Jumano Lane City Austin FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78749 C Occupation Vice President, Professional S Aggregate Year-to-Date ▼	Services			/ acti	13 on ID :		nis Perioo	d 0.00
Full Name (Last, First, Middle Initial) Robin J Hayes Mailing Address 6112 Jumano Lane City Austin FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State TX Zip Code 78749 C Occupation Vice President, Professional S Aggregate Year-to-Date ▼	Services 100.00			/ sacti	31		nis Perioo	_
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PAGE 41 OF

76

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		ay not be sold or used by any pe	erson 1	13 for the	purp	14 pose o	15 f soliciting	g contrib	utions
or for commercial purposes, other than using t	he name and a	ddress of any political committee	e to so	licit co	ntrib	utions	from suc	h commi	ittee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	ral PAC								
Full Name (Last, First, Middle Initial) Robin J Hayes Mailing Address 6112 Jumano Lane City Austin FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼		Zip Code 78749 ent, Professional Services Year-to-Date ▼ 150.00			sacti	15 ion ID		his Perio	
Full Name (Last, First, Middle Initial) B. Robin J Hayes Mailing Address 6112 Jumano Lane				Date o	f Re	eceipt		y y 2012	Y
City	State	Zip Code					SA11AI.		
Austin FEC ID number of contributing federal political committee. Name of Employer	TX C	78749		Amoun	t of	Each I	Receipt th		od 50.00
TRISUN Healthcare		ent, Professional Services							
Receipt For: Primary General Other (specify) v		Year-to-Date ▼ 200.00							
Full Name (Last, First, Middle Initial) C. Robin J Hayes				Date o	f Re	ceipt			
Mailing Address 6112 Jumano Lane				м м 03	/	D 15	5	2012	Y
City Austin	State TX	Zip Code 78749					: SA11AI		-1
FEC ID number of contributing federal political committee.	С			Amoun	t of	Each I	Receipt th		50.00
Name of Employer	Occupation	1							
TRISUN Healthcare	Vice Presid	lent, Professional Services							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00							
SUBTOTAL of Receipts This Page (optional).			•			Ţ	7	15	0.00

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PAGE 42 OF

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Any information copied from such Reports and St. or for commercial purposes, other than using the	person for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Robin J Hayes Mailing Address 6112 Jumano Lane City Austin FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78749 C Occupation Occupation Vice President, Professional Services Aggregate Year-to-Date ▼ 300.00	Date of Receipt
Full Name (Last, First, Middle Initial) Kelly Ann Jalowiec Mailing Address 1410 W Fillmore St City Chicago FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Code IL 60607 C Occupation Vice President, Operations Aggregate Year-to-Date ▼ 75.00	Date of Receipt
Full Name (Last, First, Middle Initial) Kelly Ann Jalowiec Mailing Address 1410 W Fillmore St City Chicago FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Code IL 60607 C Occupation Vice President, Operations Aggregate Year-to-Date ▼ 150.00 150.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 200.00

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Use separate schedule(s) for each category of the

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PAGE 43 OF

76

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal P	PAC	
Name of Employer C Girling Home Health V	State Zip Code IL 60607 C Decupation /ice President, Operations Aggregate Year-to-Date ▼ 225.00	Date of Receipt
Name of Employer C Girling Home Health V	State Zip Code IL 60607 C Decupation ice President, Operations Aggregate Year-to-Date 300.00	Date of Receipt 02 29 2012 Transaction ID : SA11AI.8635 Amount of Each Receipt this Period 75.00
Name of Employer C Girling Home Health V	State Zip Code IL 60607 C Decupation Vice President, Operations Aggregate Year-to-Date ▼ 375.00	Date of Receipt 03 / 15 / 2012 Transaction ID : SA11AI.8636 Amount of Each Receipt this Period 75.00
SUBTOTAL of Receipts This Page (optional)	►	225.00

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PAGE 44 OF

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Any information copied from such Reports and Sta or for commercial purposes, other than using the n											
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC										
Girling Home Health	State IL Occupation Vice President, Aggregate Yea	ar-to-Date ▼	0.00			/ acti	30 on ID	SA11AI. Receipt th	nis Perioo	y 5.00	
Hospice Care of Kansas	State KS C Occupation Regional Vice F Aggregate Yea	ar-to-Date ▼	0.00			/ acti	06 on ID :	SA11AI. Receipt th	nis Perioo	d 0.00	
Hospice Care of Kansas	State KS Occupation Regional Vice Aggregate Yea	ar-to-Date ▼	0.00			/ acti	20 on ID		nis Perioo	y d 0.00	
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PAGE 45 OF

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Any information copied from such Reports and or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	ral PAC									
Full Name (Last, First, Middle Initial) A. Cindy K Keim					Date o	f Recei	ipt			
Mailing Address 11512 Ballentine St					м м 02	/	07 0 0	Y	y y y 2012	Y
City	State	Zip Code			Trans	saction	ID : SA1	11AI.87	05	
Overland Park	KS	66210			Amoun	t of Ea	ch Recei	ipt this	Period	
FEC ID number of contributing federal political committee.	С							7	50.	.00
Name of Employer	Occupation	l								
Hospice Care of Kansas	Regional Vi	ice President								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	150.00							
Full Name (Last, First, Middle Initial) B. Cindy K Keim	l				Date o	f Recei	ipt			
Mailing Address 11512 Ballentine St					м м 02	/	22	Y	2012	Y
City	State	Zip Code			Trans	action	ID : SA1			
Overland Park	KS	66210			Amoun	t of Ea	ch Recei	ipt this	Period	
FEC ID number of contributing federal political committee.	C								50.	00
Name of Employer	Occupation	1		-						
Hospice Care of Kansas	Regional Vi	ce President								
Receipt For:	Aggregate	Year-to-Date V								
Other (specify)		, , ,	200.00							
Full Name (Last, First, Middle Initial) C. Cindy K Keim	I				Date o	f Recei	ipt			
Mailing Address 11512 Ballentine St					м м 03	1	0 0 / 07		y y 2012	Y
City	State	Zip Code			Trans	saction	ID : SA1	11AI.87	'07	
Overland Park	KS	66210		_	Amoun	t of Ea	ch Recei	ipt this	Period	
FEC ID number of contributing federal political committee.	С					,		,	50.	.00
Name of Employer	Occupation	l								
Hospice Care of Kansas	Regional V	ice President								
Receipt For:	Aggregate	Year-to-Date 🔻								
Primary General Other (specify) ▼		7 7	250.00							
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PAGE 46 OF

76

		for each category of the Detailed Summary Page		11a 13	11b	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using t			or the	purpose	of soliciting	g contribu	itions	
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	al PAC							
Full Name (Last, First, Middle Initial) A. Cindy K Keim Mailing Address 11512 Ballentine St City Overland Park FEC ID number of contributing federal political committee. Name of Employer Hospice Care of Kansas Receipt For: Primary General Other (specify) ▼	State KS C Occupation Regional Vic Aggregate	Zip Code 66210 e President /ear-to-Date ▼ 300.00		M M 03 Trans	saction I		is Period	
Full Name (Last, First, Middle Initial) B. Diane Kenyon Mailing Address 285 E Summit Dr City Mindeader	State TX	Zip Code 78676		M M 01 Trans	action II	13 D : SA11AI.		Y
Wimberley FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice F			Amoun	t of Eacr	n Receipt th	125	_
Full Name (Last, First, Middle Initial) C. Diane Kenyon Mailing Address 285 E Summit Dr City Wimberley	State TX	Zip Code 78676		M M 01 Trans	saction I	31 D : SA11AI		
Wimberley FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: □ Primary □ General Other (specify) ▼	Occupation Senior Vice			Amoun	t of Each	n Receipt th		5.00
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PAGE 47 OF

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	I PAC	
Full Name (Last, First, Middle Initial) Diane Kenyon Mailing Address 285 E Summit Dr City Wimberley FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78676 C Occupation Senior Vice President, IT Aggregate Year-to-Date ▼ 375.00	Date of Receipt 02 15 2012 Transaction ID : SA11AI.8727 Amount of Each Receipt this Period 125.00
Full Name (Last, First, Middle Initial) Diane Kenyon Mailing Address 285 E Summit Dr City Wimberley FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78676 C Occupation Senior Vice President, IT Aggregate Year-to-Date ▼ 500.00	Date of Receipt 02 29 2012 Transaction ID : SA11AI.8728 Amount of Each Receipt this Period 125.00
Full Name (Last, First, Middle Initial) Diane Kenyon Mailing Address 285 E Summit Dr City Wimberley FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78676 C Occupation Senior Vice President, IT Aggregate Year-to-Date ▼ 625.00	Date of Receipt 03 15 2012 Transaction ID : SA11AI.8729 Amount of Each Receipt this Period 125.00
SUBTOTAL of Receipts This Page (optional)		▶ 375.00

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

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PAGE 48 OF

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Any information copied from such Reports and Sta or for commercial purposes, other than using the r		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Diane Kenyon Mailing Address 285 E Summit Dr City Wimberley FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78676 C Occupation Senior Vice President, IT Aggregate Year-to-Date ▼ 750.00	Date of Receipt
Full Name (Last, First, Middle Initial) Kimberly A Layton Mailing Address 9513 Prescott Drive 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 78748 C Occupation President, Leadership Development Inst Aggregate Year-to-Date ▼ 100.00	Date of Receipt
Full Name (Last, First, Middle Initial) Kimberly A Layton Mailing Address 9513 Prescott Drive 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 78748 C C Occupation President, Leadership Development Inst Aggregate Year-to-Date ▼ 200.00	Date of Receipt
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Use separate schedule(s) for each category of the

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PAGE 49 OF

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal F	PAC	
Harden Healthcare	State Zip Code TX 78748 C C Occupation Development Inst President, Leadership Development Inst Aggregate Year-to-Date ▼ 300.00 300.00	Date of Receipt
Harden Healthcare	State Zip Code TX 78748 C Occupation President, Leadership Development Inst Aggregate Year-to-Date ▼ 400.00	Date of Receipt
Harden Healthcare	State Zip Code TX 78748 C C Occupation President, Leadership Development Inst Aggregate Year-to-Date ▼ 500.00	Date of Receipt
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FEC Schedule A (Form 3X) Rev. 02/2003

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PAGE 50 OF

76

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
			person for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	eral PAC					
Full Name (Last, First, Middle Initial) A. Kimberly A Layton Mailing Address 9513 Prescott Drive City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary		Zip Code 78748 Leadership Development Inst Year-to-Date ▼	Date of Receipt			
Other (specify) ▼ Full Name (Last, First, Middle Initial)		600.00]			
B. George Ledbetter Mailing Address 1620 Elderhill Road City	State	Zip Code	Date of Receipt 01 Transaction ID : SA11AI.8786			
Driftwood FEC ID number of contributing federal political committee.	С	78619	Amount of Each Receipt this Period			
Name of Employer Girling Community Care Receipt For: Primary General Other (specify)	Receipt For: Aggregate Year-to-Date ▼ Primary General					
C. Full Name (Last, First, Middle Initial) George Ledbetter Mailing Address 1620 Elderhill Road			Date of Receipt			
City Driftwood	State TX	Zip Code 78619	01 31 2012 Transaction ID : SA11AI.8787 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]			
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PAGE 51 OF

76

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17		
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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	al PAC									
Full Name (Last, First, Middle Initial) George Ledbetter Mailing Address 1620 Elderhill Road City Driftwood FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼			/ sact	ion ID	5 / Y 5 SA11AI. Receipt th	nis Perioo	d 0.00			
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C. Full Name (Last, First, Middle Initial) George Ledbetter Mailing Address 1620 Elderhill Road City Driftwood FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State TX C Occupation General Ma Aggregate				/ sact	ion ID	5 / Y SA11AI Receipt th	nis Perioo	d 0.00	
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SCHEDULE A	(FEC Form 3X)
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PAGE 52 OF

76

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Mailing Address 162	0 Elderhill Road					м м 03	/	D 30		ү ү 2012	Y
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Austin		ТХ	78749			Amoun	t of	Each I	Receipt th	his Period	ł
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PAGE 53 OF

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		1b 4	11c	12 16	17
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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	I PAC								
Full Name (Last, First, Middle Initial) Maria A MacKeil Mailing Address 8820 Colberg Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State TX C Occupation Director of Inter Aggregate Yea				actio	15 n ID :	SA11AI	his Perioc	y 1 0.00
Full Name (Last, First, Middle Initial) Maria A MacKeil Mailing Address 8820 Colberg Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State TX C Occupation Director of Inter Aggregate Yea				/ actio	29 n ID :	SA11AI.	his Perioc	2.00
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PAGE 54 OF

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ITEMIZED RECEIPTS	for each category of th Detailed Summary Pag	
		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	PAC	
Full Name (Last, First, Middle Initial) Maria A MacKeil Mailing Address 8820 Colberg Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify)	State Zip Code TX 78749 C Occupation Director of Internal Audit Aggregate Year-to-Date ▼ 300.	Date of Receipt Date of Receipt Transaction ID : SA11AI.8847 Amount of Each Receipt this Period 50.00 00
Full Name (Last, First, Middle Initial) William B Parrish Mailing Address 3200 Wild Canyon Loop City Austin FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78732 C Occupation Occupation Vice President of Finance Aggregate Year-to-Date ▼ 50.	Date of Receipt Date of Receipt 01 13 2012 Transaction ID : SA11AI.9027 Amount of Each Receipt this Period 50.00 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 of Finance Aggregate Year-to-Date ▼ 100.	Date of Receipt Date of Receipt O1 31 2012 Transaction ID : SA11AI.9028 Amount of Each Receipt this Period 50.00
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PAGE 55 OF

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Any information copied from such Reports and Sta or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC							
Full Name (Last, First, Middle Initial) William B Parrish Mailing Address 3200 Wild Canyon Loop City Austin FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼		Zip Code 78732 ent of Finance Year-to-Date ▼ 150.00		02 Trans	Receipt / 15 action ID of Each	: SA11AI.	is Period	У).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) ▼		Zip Code 78732 ent of Finance Year-to-Date ▼ 200.00		02 Trans	Receipt / 29 action ID of Each	: SA11AI.	is Period	.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) ▼		Zip Code 78732 ent of Finance Year-to-Date ▼ 250.00		03 Trans	Receipt	5 : SA11AI.	is Period).00
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SCHEDULE A	(FEC Form 3X)
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PAGE 56 OF

76

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Any information copied from such Reports or for commercial purposes, other than usir	and Statements ma ng the name and a	ay not be sold or used by any p ddress of any political committe	person e to so	for the	pur	pose o	f solicitin	g cont	tributi	ons
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fee	deral PAC									
Full Name (Last, First, Middle Initial) A. 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) ▼	Zip Code 78732 ent of Finance Year-to-Date ▼ 300.00			sacti	30 ion ID			12	Y 00	
Full Name (Last, First, Middle Initial) B. Shanni F Ponce Mailing Address 2818 Fountain Grove Content		Date c		eceipt		201		Ŷ		
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FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For:	Occupation Senior Vice			L.		7			40.0	0
Other (specify)		40.00]							
C. Shanni F Ponce Mailing Address 2818 Fountain Grove Co	ove			Date c		eceipt 23		_ 201		Y
City Round Rock	State TX	Zip Code 78665		Tran		ion ID	, <u>: SA11AI</u> Receipt tl	1.9091		
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PAGE 57 OF

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	Other (specify)	L	120.00															
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c.	Full Name (Last, First, Middle Initial) Shanni F Ponce				Date d	of R	eceipt											
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FEC Schedule A (Form 3X) Rev. 02/2003

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PAGE 58 OF

76

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder										-
Full Name (Last, First, Middle Initial) A. Shanni F Ponce Mailing Address 2818 Fountain Grove Cove City Round Rock FEC ID number of contributing federal political committee. Name of Employer	State TX C	Zip Code 78665			/ sact	22 ion ID		nis Perio		
MBS Rehab Receipt For: Primary General Other (specify) ▼	Senior Vice]							
Full Name (Last, First, Middle Initial) B. Rebecca Shropshire Mailing Address 722 Craig St				Date of	f Re	eceipt		y y 2012	Ý	
City Hillboro FEC ID number of contributing federal political committee.	State TX	Zip Code 76645		Transaction ID : SA11AI.9275 Amount of Each Receipt this Period 40.00						
Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	Occupation Administrate Aggregate					,				
Full Name (Last, First, Middle Initial) C. Rebecca Shropshire Mailing Address 722 Craig St				Date o	f Re	eceipt		YYY	V	-
City Hillboro	State TX	Zip Code 76645				23 tion ID		2012 . 9276		
FEC ID number of contributing federal political committee. Name of Employer	Occupation		40.00						0.00	
TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	Administrat	or Year-to-Date ▼ 80.00]							
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PAGE 59 OF

76

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	Mailing Address 722 Craig St				Date of Receipt									
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	Other (specify)		120.00	4										
В.	Full Name (Last, First, Middle Initial) Rebecca Shropshire		Date o	f Re	eceipt									
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	City	State	Zip Code	_	02		22				_			
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	FEC ID number of contributing federal political committee.	С		40.00							00			
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	Primary General	Aggregate	Year-to-Date ▼											
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— c.	Full Name (Last, First, Middle Initial) Rebecca Shropshire				Date o	f Re	eceipt							
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	City	State	Zip Code		Trans	sact	ion ID	: SA11AI	.9279)				
	Hillboro	ТХ	76645		Amoun	t of	Each	Receipt th	nis P	eriod				
	FEC ID number of contributing federal political committee.	С					7			40.	.00			
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	Primary General			11										
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PAGE 60 OF

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Any information copied from such Reports and a or for commercial purposes, other than using th									
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC								
Full Name (Last, First, Middle Initial) Rebecca Shropshire Mailing Address 722 Craig St City Hillboro FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify)	Zip Code 76645 tor Year-to-Date ▼ 240.00			sact	22 ion ID	2 : SA11AI Receipt th	nis Period	d 0.00	
Full Name (Last, First, Middle Initial) B. Juli Simmang Mailing Address 991 Oak Ridge City Shertz FEC ID number of contributing federal political committee. Name of Employer			sacti		2012 11AI.9299 ipt this Period 50.00				
MBS Rehab Receipt For: Primary General Other (specify) ▼	1	Clinical Services Year-to-Date ▼ 50.00							
Full Name (Last, First, Middle Initial) Juli Simmang Mailing Address 991 Oak Ridge City Shertz FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼		Zip Code 78154 Clinical Services Year-to-Date ▼ 100.00			sact	ion ID	3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3	nis Period	d 0.00
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PAGE 61 OF

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ITEMIZED RECEIPTS		h category of the d Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC		
Full Name (Last, First, Middle Initial) Juli Simmang Mailing Address 991 Oak Ridge City Shertz FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State Zip C TX 78154 C Occupation Director of Clinical Ser Aggregate Year-to-Da	4 vices	Date of Receipt
Full Name (Last, First, Middle Initial) Juli Simmang Mailing Address 991 Oak Ridge City Shertz FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State Zip C TX 78154 C Occupation Director of Clinical Ser Aggregate Year-to-Da	4 vices	Date of Receipt
Full Name (Last, First, Middle Initial) Juli Simmang Mailing Address 991 Oak Ridge City Shertz FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State Zip C TX 78154 C Occupation Director of Clinical Set Aggregate Year-to-Da	4 rvices	Date of Receipt
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PAGE 62 OF

76

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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
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC	
Full Name (Last, First, Middle Initial) Juli Simmang Mailing Address 991 Oak Ridge 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 ▼ 300.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Kenneth Stribling Mailing Address 2419 Edgecliff Path City Georgetown FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) =	State Zip Code TX 78626 C Occupation Administrator Aggregate Year-to-Date ▼ 2.00	Date of Receipt
Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Kenneth Stribling Mailing Address 2419 Edgecliff Path City Georgetown FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78626 C Occupation Administrator Aggregate Year-to-Date ▼ 4.00	Date of Receipt 01 23 2012 Transaction ID : SA11AI.9341 Amount of Each Receipt this Period 2.00
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PAGE 63 OF

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ITEMIZED RECEIPTS	for each category of a Detailed Summary Pa	age X 11a 11b 11c 12
	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa		
Full Name (Last, First, Middle Initial) Kenneth Stribling Mailing Address 2419 Edgecliff Path City Georgetown FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78626 C Occupation Administrator Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 02 07 2012 Transaction ID : SA11AI.9342 Amount of Each Receipt this Period 2.00 6.00
Full Name (Last, First, Middle Initial) Kenneth Stribling Mailing Address 2419 Edgecliff Path City Georgetown FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78626 C Occupation Administrator Aggregate Year-to-Date ▼	Date of Receipt 02 22 2012 Transaction ID : SA11AI.9343 Amount of Each Receipt this Period 2.00
Full Name (Last, First, Middle Initial) Kenneth Stribling Mailing Address 2419 Edgecliff Path City Georgetown FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify)	State Zip Code TX 78626 C Occupation Administrator Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 38	Date of Receipt 02 22 22 2012 Transaction ID : SA11AI.9578 Amount of Each Receipt this Period 379.00
SUBTOTAL of Receipts This Page (optional)		

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PAGE 64 OF

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal		
Full Name (Last, First, Middle Initial) Kenneth Stribling Mailing Address 2419 Edgecliff Path City Georgetown FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78626 C C Occupation C Administrator G Aggregate Year-to-Date T 389.00 389.00	Date of Receipt
Full Name (Last, First, Middle Initial) Kenneth Stribling Mailing Address 2419 Edgecliff Path City Georgetown FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78626 C Occupation Administrator Aggregate Year-to-Date ▼ 414.00	Date of Receipt
Full Name (Last, First, Middle Initial) Ronda Van Meter Mailing Address 253 LCR 405 City Mexia FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76667 C C Occupation C Regional Vice President Aggregate Year-to-Date ▼ 50.00 50.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		77.00

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Use separate schedule(s) for each category of the

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PAGE 65 OF

76

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and Stat or for commercial purposes, other than using the n								
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal I	PAC							
Girling Home Health Receipt For: Primary General	State Zip Code TX 76667 C Occupation Regional Vice President Aggregate Year-to-Date ▼	Date of Receipt						
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Ronda Van Meter Mailing Address 253 LCR 405	100.00	Date of Receipt						
City Mexia FEC ID number of contributing federal political committee.	State Zip Code TX 76667	02 15 2012 Transaction ID : SA11AI.9417 Amount of Each Receipt this Period 50.00						
Girling Home Health	Occupation Regional Vice President Aggregate Year-to-Date ▼ 150.00							
Full Name (Last, First, Middle Initial) Ronda Van Meter Mailing Address 253 LCR 405		Date of Receipt						
City Mexia FEC ID number of contributing federal political committee. Name of Employer Girling Home Health	State Zip Code TX 76667 C Occupation Regional Vice President Aggregate Year-to-Date ▼ 200.00	02 29 2012 Transaction ID : SA11AI.9418 Amount of Each Receipt this Period 50.00						
SUBTOTAL of Receipts This Page (optional)	•	150.00						

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PAGE 66 OF

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal F	PAC	
Girling Home Health	State Zip Code TX 76667 C C Description C Regional Vice President C Aggregate Year-to-Date ▼ 250.00	Date of Receipt 03 / 15 / 2012 Transaction ID : SA11AI.9419 Amount of Each Receipt this Period 50.00
Girling Home Health	State Zip Code TX 76667 C C Decupation C Decupation C Aggregate Year-to-Date ▼ 300.00	Date of Receipt
Girling Community Care	State Zip Code TX 78747 C C Description C Regional Vice President C Aggregate Year-to-Date ▼ 55.00	Date of Receipt 01 13 2012 Transaction ID : SA11AI.9433 Amount of Each Receipt this Period 55.00
SUBTOTAL of Receipts This Page (optional)	••••••	155.00

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PAGE 67 OF

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\backslash	NAME OF COMMITTEE (In Full)																
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Α.	Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt				Da	ate of	Re	eceipt		-							
	Mailing Address 4506 Grand Cypress Drive				N	01	/	31	/ Y		012	Y					
	City	State	Transaction ID : SA11AI.9434														
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в.	Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt						F Re	eceipt									
	Mailing Address 4506 Grand Cypress Drive						/	D D D 15	/ Y	2() 012	Y					
	City	ity State Zip Code								.943							
	Austin	ТХ	78747		Amount of Each Receipt this Period												
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<u>с</u> .	Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt				Da	ate of	Re	eceipt									
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PAGE 68 OF

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	y information copied from such Reports and S for commercial purposes, other than using the											
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	I PAC										
Α.	Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt Mailing Address 4506 Grand Cypress Drive	r Lynn Vogt										
	City Austin	State TX	Zip Code 78747	Transaction ID : SA11AI.9437 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С										
	Name of Employer	Occupation										
	Girling Community Care Receipt For: Primary General Other (specify) ▼	-	ce President Year-to-Date ▼ 275.00									
в.	Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt	er Lynn Vogt										
	Mailing Address 4506 Grand Cypress Drive			03 30 2012								
	City	State	Zip Code	Transaction ID : SA11AI.9438								
	Austin	ТХ	78747	Amount of Each Receipt this Period								
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	Name of Employer Girling Community Care	Occupation										
	Receipt For:	Ū	ce President									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00									
C.	Full Name (Last, First, Middle Initial) Iris B Williams			Date of Receipt								
	Mailing Address 3733 Locke Lane			01 06 _2012 _								
	City Corpus Christi	State TX	Zip Code 78415	Transaction ID : SA11AI.9506 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		50.00								
	Name of Employer	Occupation										
	MBS Rehab	Director of	Operations									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 50.00									
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PAGE 69 OF

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	< 11a 13		11b 14	11c	12	17
Any information copied from such Reports and St or for commercial purposes, other than using the			for the		pose o	f soliciting	g contribu	
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC							
Full Name (Last, First, Middle Initial) Iris B Williams Mailing Address 3733 Locke Lane City Corpus Christi FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State TX Occupation Director of C Aggregate	Zip Code 78415 Deperations Year-to-Date ▼ 100.00		sact	23 ion ID		nis Perioc	
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PAGE 70 OF

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		_	111							
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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	ral PAC											
A. Iris B Williams Mailing Address 3733 Locke Lane	State	Zip Code		м м 03	JL	pt 07 ID : SA11	2012 2012					
Corpus Christi FEC ID number of contributing federal political committee.	TX C	78415		Amoun	t of Ead	ch Receip	t this Peric	od 50.00				
Name of Employer MBS Rehab Receipt For: Primary General Other (specify)	Occupation Director of Aggregate]									
Full Name (Last, First, Middle Initial) B. Iris B Williams Mailing Address 3733 Locke Lane		Date of Receipt										
City Corpus Christi FEC ID number of contributing federal political committee.	State TX		Trans		ID : SA11	AI.9511 ot this Peric	od 50.00					
Name of Employer MBS Rehab Receipt For: Primary General Other (specify)	Name of Employer Occupation MBS Rehab Director of Operations Receipt For: Aggregate Year-to-Date ▼											
Full Name (Last, First, Middle Initial) C. Thomas Lloyd Wilson Mailing Address 1703 W. 5th St Ste 700		<u><u><u></u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u>	-	Date o	f Receip	pt	Y Y Y Y	Y				
City Austin	State TX	Zip Code 78703				13 ID : SA11 ch Receip	2012 1 AI.9514 ot this Peric	od				
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Harden Healthcare Receipt For: Primary General Other (specify)	Home Care]									
SUBTOTAL of Receipts This Page (optional).			•				14	10.00				

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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PAGE 71 OF

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IIE	WIZED RECEIPTS		for each category of the Detailed Summary Page		(11a 13		11b	11c	12	17					
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N/	AME OF COMMITTEE (In Full) larden Healthcare LLC Feder														
A	II Name (Last, First, Middle Initial) Thomas Lloyd Wilson ailing Address 1703 W. 5th St Ste 700		Date o	of Re	eceipt		2012	Y							
Ci	ty ustin	Transaction ID : SA11AI.9515 Amount of Each Receipt this Period													
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	ame of Employer arden Healthcare	Occupation Home Care													
	eceipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 80.00]											
	II Name (Last, First, Middle Initial) homas Lloyd Wilson		Date c	of Re	eceipt										
M	ailing Address 1703 W. 5th St Ste 700		02 15 / Y Y Y Y Y 02 15												
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	ıll Name (Last, First, Middle Initial) Thomas Lloyd Wilson				Date c	of Re	eceipt								
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 72 OF

76

ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and s or for commercial purposes, other than using the	I Statements may not be sold or used by any e name and address of any political committe	13 14 15 16 17 person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa		
Full Name (Last, First, Middle Initial) Thomas Lloyd Wilson 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	State Zip Code TX 78703 C Occupation Home Care Aggregate Year-to-Date ▼	Date of Receipt
Conter (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Lloyd Wilson Mailing Address 1703 W. 5th St Ste 700 City Austin FEC ID number of contributing	State Zip Code TX 78703	Date of Receipt 03 30 2012 Transaction ID : SA11AI.9519 Amount of Each Receipt this Period
federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	C Occupation Home Care Aggregate Year-to-Date 240.00	40.00
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State Zip Code C Occupation Aggregate Year-to-Date	Date of Receipt M.M. / D.D. / Y.Y.Y.Y Amount of Each Receipt this Period
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	CHEDULE B (FEC Form 3X)									AGE	73	OF 76						
IT	EMIZED DISBURSEMENTS	for each	earate schedule(s) category of the	(cl	hec	k only 21b	one	e) 22	X	23	[24	Г	25	26			
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\land	NAME OF COMMITTEE (In Full)																	
	Harden Healthcare LLC Federal PA	4C																
Α.	Full Name (Last, First, Middle Initial)	D	ate o	f Dis	sburs	ser	nent											
							- F	M M	/					Y Y	Y			
	Mailing Address C/O SIMIONE CONSULTANTS LLC 4130 WHITNEY AVENYE		01 31 2012															
	City 5 HAMDEN				Transaction ID : SB23.9596													
	Purpose of Disbursement Political Contribution	11	Amount of Each Disbursement this Period															
	Candidate Name			Cate		n/	A	moun		Eaci		JISDUIS	emer		renou			
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	State: District:																	
_	Full Name (Last, First, Middle Initial)								(D.									
в.	LATHAM FOR CONGRESS							ate o	_		ser		Y	(Y	Y			
	Mailing Address PO BOX 8237						01 29 2012											
	DES MOINES	State IA	Zip Code 50301				Transaction ID : SB23.9594											
	Purpose of Disbursement Political Contribution			0	011 Amount of Each Disbursemen							it this	Period					
	Candidate Name			Cate	egoi	ry/	5000.00											
	THOMAS LATHAM Office Sought: Y House Disbursen	nent For:	2012	Туре						500	0.00							
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~	Full Name (Last, First, Middle Initial)							ate o	f Did	shure		nont						
С.	MORAN FOR KANSAS						_			_			Y	Y Y	Y			
	Mailing Address PO BOX 1151						J.	03		-	12	2	2	012				
		State KS	Zip Code 67601					Trans	sact	ion I	D :	: SB23	.9610					
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\backslash	NAME OF COMMITTEE (In Full)																	
	Harden Healthcare LLC Federal P/	٩C																
^	Full Name (Last, First, Middle Initial)						Date of	f Dia	shured		ont							
Π.	POMPEO FOR CONGRESS INC						M	/	D		_	Y Y	Y	Y				
	Mailing Address PO BOX 780146						03 23 2012											
	City S WICHITA	State KS	Zip Code 67212				Transaction ID : SB23.9621											
	Purpose of Disbursement Political Contribution				011		Amount of Each Disbursement this Period											
	Candidate Name			Cate		rv/	Amoun		Laci		1364130		-					
	MICHAEL RICHARD POMPEO				ype													
	Office Sought: X House Disburser Senate X President	nent For: Primary Other (spe	General															
	State: KS District: 04		•															
в.	Full Name (Last, First, Middle Initial) TEXANS FOR SENATOR JOHN C	ORNY	N INC				Date of	f Dis	sburse	əm	ent							
	Mailing Address PO BOX 13026						01 27 2012											
	AUSTIN	State Zip Code TX 78711						Transaction ID : SB23.9592										
	Purpose of Disbursement Political Contribution			C	011		Amount of Each Disbursement this Period											
	Candidate Name		ry/	2500.00														
	JOHN CORNYN Office Sought: House Disburser	nent For:	2014	Ţ	ype				7			-	2000					
	Senate X President	Primary Other (spe	General															
_	State: TX District: 00 Full Name (Last, First, Middle Initial)																	
C.	YODER FOR CONGRESS						Date of	f Dis	sburse		_		Y	V				
	Mailing Address PO BOX 26742						03	,)1	Í		012					
	City SOVERLAND PARK	State KS	Zip Code 66225				Trans	sact	ion ID):	SB23.9	604						
	Purpose of Disbursement Political Contribution																	
	Candidate Name				011	n/	Amoun	t of	Each	D	isburse	ment	this I	Period				
	KEVIN W YODER			Cate T	iype				7		7		2500	0.00				
	Office Sought: House Disburser Senate President State: KS District: 03	Senate President President																
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IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(C		k only 21b 27	one) 22 28a		23 28b		24 28c	25 X 29	26 30b									
	ny information copied from such Reports and State for commercial purposes, other than using the nar											g contrib										
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal P	AC																				
Α.	Full Name (Last, First, Middle Initial) Capital Area Social and Activity Coor	dinators	Association	(CAS	SAC	CA)	Date		sburs		ent	Y Y	Y									
	Mailing Address 12042 Bittern Hollow	State	Zip Code				03 09 2012 Transaction ID : SB29 9612															
	City Austin Purpose of Disbursement	Transaction ID : SB29.9612																				
	Charitable Donation		Amount of Each Disbursement this Period																			
				Cate T	egoi ype		455.00															
	Office Sought: House Disburse Senate President State: District:																					
В.	Full Name (Last, First, Middle Initial)		Date of Disbursement																			
	City AUSTIN	State TX	Zip Code 78767				Transaction ID : SB29.9622															
	Purpose of Disbursement Political Contribution			(011		Amou	Period														
	Candidate Name			Cate T	egoi ype	ry/	5000															
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼																			
<u>с</u> .	Full Name (Last, First, Middle Initial)	RTNER	2				Date			eme	ent	Y Y	Y									
	Mailing Address PO BOX 2448						03	// /		05	/ 1	2012										
	City GEORGETOWN Purpose of Disbursement	State TX	Zip Code 78627				Tran	sact	ion IC) : S	B29.96	608										
	Political Contribution Candidate Name)11 əgoi		Amou	nt of	Each	n Dis	sbursen	nent this	Period												
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	CHEDULE B (FEC Form 3X)	arate schedule(s)				NE NUMBER: PAGE 76 OF 76												
111	EMIZED DISBURSEMENTS	for each	category of the Summary Page			21b 27	22 28a		23 28b	24 28c		25 29	26 30b					
	y information copied from such Reports and State for commercial purposes, other than using the na										ng conti		3					
\backslash	NAME OF COMMITTEE (In Full)																	
	Harden Healthcare LLC Federal P	AC				;												
Α.	Full Name (Last, First, Middle Initial) TEXANS FOR DAN PATRICK	Date of Disbursement																
	Mailing Address PO BOX 79544						02 27 2012											
	City HOUSTON	State TX	Zip Code 77279				Transaction ID : SB29.9602											
	Purpose of Disbursement Political Contribution		C)11		Amou	nt of	Each	Disburse	ment th	nis Perio	bd						
	Candidate Name		Cate	egoi ype		Amount of Each Disbursement this Perio 4000.00												
	Office Sought: House Disburse Senate President																	
	State: District:																	
	Full Name (Last, First, Middle Initial) Hon. Kirk P Watson								isburse									
	Mailing Address PO BOX 2004						03			D / 6	201							
	City AUSTIN	State TX	Zip Code 78768				Trai	nsact	tion ID) : SB29.9	9619							
	Purpose of Disbursement Political Contribution			(011	Amount of Each Disbursen					ment th	nis Perio	bd					
	Candidate Name			Cate T	egoi ype				,		2	2500.00						
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	nent For:															
	State: District:																	
C.	Full Name (Last, First, Middle Initial)						Date	of Di	isburse									
	Mailing Address						M	M /	D	D /	Y Y	Y Y						
	City	State	Zip Code															
	Purpose of Disbursement					Amou	nt of	Fach	Disburse	mont th	nis Pario	od						
	Candidate Name			Cate	egoi ype		Amou		Lacii	Disbuise								
	Senate President	ment For: Primary Other (spe	General cify) ▼															
_	State: District:																	
s	UBTOTAL of Disbursements This Page (optional).								7		6	500.00						
т	OTAL This Period (last page this line number only)				•			,		13	455.00						