



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Harden Healthcare LLC Federal PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		57115.50
(b) Cash on Hand at Beginning of Reporting Period.....	57115.50	
(c) Total Receipts (from Line 19) .....	23684.00	23684.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	80799.50	80799.50
7. Total Disbursements (from Line 31).....	33450.00	33450.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	47349.50	47349.50
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Harden Healthcare LLC Federal PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13974.00	13974.00
(ii) Unitemized .....	9710.00	9710.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23684.00	23684.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	23684.00	23684.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	23684.00	23684.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23684.00	23684.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	245.00	245.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	245.00	245.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19750.00	19750.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	13455.00	13455.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	33450.00	33450.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33450.00	33450.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

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

FOR LINE NUMBER: PAGE 6 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Cecilia Abbott**

Mailing Address 2601 Wooldridge

City State Zip Code  
 Austin TX 78703

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

Name of Employer Occupation  
 Harden Healthcare Services Managing Dir of Community Rel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2012  
**Transaction ID : SA11Al.7911**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Cecilia Abbott**

Mailing Address 2601 Wooldridge

City State Zip Code  
 Austin TX 78703

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

Name of Employer Occupation  
 Harden Healthcare Services Managing Dir of Community Rel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : SA11Al.7912**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Cecilia Abbott**

Mailing Address 2601 Wooldridge

City State Zip Code  
 Austin TX 78703

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

Name of Employer Occupation  
 Harden Healthcare Services Managing Dir of Community Rel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11Al.7913**

Amount of Each Receipt this Period  
 50.00

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

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

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

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

FOR LINE NUMBER: PAGE 7 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Cecilia Abbott**

Mailing Address 2601 Wooldridge

City Austin State TX Zip Code 78703

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

Name of Employer: Harden Healthcare Services Occupation: Managing Dir of Community Rel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt: **02 / 29 / 2012**

Transaction ID : **SA11AI.7914**

Amount of Each Receipt this Period: **50.00**

Full Name (Last, First, Middle Initial)  
**B. Cecilia Abbott**

Mailing Address 2601 Wooldridge

City Austin State TX Zip Code 78703

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

Name of Employer: Harden Healthcare Services Occupation: Managing Dir of Community Rel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **03 / 15 / 2012**

Transaction ID : **SA11AI.7915**

Amount of Each Receipt this Period: **50.00**

Full Name (Last, First, Middle Initial)  
**C. Cecilia Abbott**

Mailing Address 2601 Wooldridge

City Austin State TX Zip Code 78703

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

Name of Employer: Harden Healthcare Services Occupation: Managing Dir of Community Rel

Receipt For:  Primary  General  Other (specify) ▼

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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Brianna B Braden</b>		Date of Receipt MM / DD / YYYY 01 / 13 / 2012 <b>Transaction ID : SA11AI.8023</b>
Mailing Address 18821 Golddust Pass		Amount of Each Receipt this Period 100.00
City Pflugerville	State TX Zip Code 78660	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 100.00
Name of Employer Harden Healthcare Services	Occupation Senior Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Brianna B Braden</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2012 <b>Transaction ID : SA11AI.8024</b>
Mailing Address 18821 Golddust Pass		Amount of Each Receipt this Period 100.00
City Pflugerville	State TX Zip Code 78660	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 200.00
Name of Employer Harden Healthcare Services	Occupation Senior Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Brianna B Braden</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11AI.8025</b>
Mailing Address 18821 Golddust Pass		Amount of Each Receipt this Period 100.00
City Pflugerville	State TX Zip Code 78660	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer Harden Healthcare Services	Occupation Senior Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Brianna B Braden</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 <b>Transaction ID : SA11AI.8026</b>
Mailing Address 18821 Golddust Pass		Amount of Each Receipt this Period 100.00
City Pflugerville	State TX	Zip Code 78660
FEC ID number of contributing federal political committee. C		
Name of Employer Harden Healthcare Services	Occupation Senior Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Brianna B Braden</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2012 <b>Transaction ID : SA11AI.8027</b>
Mailing Address 18821 Golddust Pass		Amount of Each Receipt this Period 100.00
City Pflugerville	State TX	Zip Code 78660
FEC ID number of contributing federal political committee. C		
Name of Employer Harden Healthcare Services	Occupation Senior Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Brianna B Braden</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2012 <b>Transaction ID : SA11AI.8028</b>
Mailing Address 18821 Golddust Pass		Amount of Each Receipt this Period 100.00
City Pflugerville	State TX	Zip Code 78660
FEC ID number of contributing federal political committee. C		
Name of Employer Harden Healthcare Services	Occupation Senior Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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

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

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

FOR LINE NUMBER: PAGE 10 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 15705 Edenderry Dr

City State Zip Code  
Austin TX 78717

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 13 / 2012  
**Transaction ID : SA11AI.8033**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 15705 Edenderry Dr

City State Zip Code  
Austin TX 78717

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : SA11AI.8034**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 15705 Edenderry Dr

City State Zip Code  
Austin TX 78717

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.8035**

Amount of Each Receipt this Period  
100.00

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

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

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

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

FOR LINE NUMBER: PAGE 11 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Wendi Bray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15705 Edenderry Dr  
 City Austin State TX Zip Code 78717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harden Healthcare Services Occupation Senior Vice President, Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : SA11AI.8036**  
 Amount of Each Receipt this Period  
 100.00

**B. Wendi Bray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15705 Edenderry Dr  
 City Austin State TX Zip Code 78717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harden Healthcare Services Occupation Senior Vice President, Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2012  
**Transaction ID : SA11AI.8037**  
 Amount of Each Receipt this Period  
 100.00

**C. Wendi Bray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15705 Edenderry Dr  
 City Austin State TX Zip Code 78717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harden Healthcare Services Occupation Senior Vice President, Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2012  
**Transaction ID : SA11AI.8038**  
 Amount of Each Receipt this Period  
 100.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Richard W Breuss III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6175 Colt Dr  
 City State Zip Code  
 West Des Moines IA 50131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Voyager Hospice Regional Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 06 / 2012  
**Transaction ID : SA11AI.8039**  
 Amount of Each Receipt this Period  
 50.00

**B. Richard W Breuss III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6175 Colt Dr  
 City State Zip Code  
 West Des Moines IA 50131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Voyager Hospice Regional Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 20 / 2012  
**Transaction ID : SA11AI.8040**  
 Amount of Each Receipt this Period  
 50.00

**C. Richard W Breuss III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6175 Colt Dr  
 City State Zip Code  
 West Des Moines IA 50131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Voyager Hospice Regional Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 07 / 2012  
**Transaction ID : SA11AI.8041**  
 Amount of Each Receipt this Period  
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6175 Colt Dr

City West Des Moines	State IA	Zip Code 50131
-------------------------	-------------	-------------------

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

Name of Employer Voyager Hospice	Occupation Regional Vice President
-------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		22		2012

**Transaction ID : SA11AI.8042**

Amount of Each Receipt this Period  

50.00
-------

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

Mailing Address 6175 Colt Dr

City West Des Moines	State IA	Zip Code 50131
-------------------------	-------------	-------------------

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

Name of Employer Voyager Hospice	Occupation Regional Vice President
-------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

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

**Transaction ID : SA11AI.8043**

Amount of Each Receipt this Period  

50.00
-------

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

Mailing Address 6175 Colt Dr

City West Des Moines	State IA	Zip Code 50131
-------------------------	-------------	-------------------

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

Name of Employer Voyager Hospice	Occupation Regional Vice President
-------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		22		2012

**Transaction ID : SA11AI.8044**

Amount of Each Receipt this Period  

50.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Timothy R Brittingham**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2807 S Gary Avenue

City Tulsa	State OK	Zip Code 74114
---------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation Regional Manager, Oklahoma
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
60.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	13	/	2012

**Transaction ID : SA11AI.8045**

Amount of Each Receipt this Period  
60.00

**B. Timothy R Brittingham**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2807 S Gary Avenue

City Tulsa	State OK	Zip Code 74114
---------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation Regional Manager, Oklahoma
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
120.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	27	/	2012

**Transaction ID : SA11AI.8046**

Amount of Each Receipt this Period  
60.00

**C. Timothy R Brittingham**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2807 S Gary Avenue

City Tulsa	State OK	Zip Code 74114
---------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation Regional Manager, Oklahoma
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
180.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	13	/	2012

**Transaction ID : SA11AI.8047**

Amount of Each Receipt this Period  
60.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 2807 S Gary Avenue

City State Zip Code  
 Tulsa OK 74114

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

Name of Employer Occupation  
 Girling Community Care Regional Manager, Oklahoma

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2012  
**Transaction ID : SA11AI.8048**

Amount of Each Receipt this Period  
 60.00

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

Mailing Address 2807 S Gary Avenue

City State Zip Code  
 Tulsa OK 74114

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

Name of Employer Occupation  
 Girling Community Care Regional Manager, Oklahoma

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2012  
**Transaction ID : SA11AI.8049**

Amount of Each Receipt this Period  
 60.00

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

Mailing Address 2807 S Gary Avenue

City State Zip Code  
 Tulsa OK 74114

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

Name of Employer Occupation  
 Girling Community Care Regional Manager, Oklahoma

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2012  
**Transaction ID : SA11AI.8050**

Amount of Each Receipt this Period  
 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 76  
(check only one)

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

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

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

Mailing Address 12512 Deer Falls Dr

City Austin State TX Zip Code 78729

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

Name of Employer Harden Healthcare Services Occupation Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
01 / 13 / 2012  
**Transaction ID : SA11AI.8108**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 12512 Deer Falls Dr

City Austin State TX Zip Code 78729

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

Name of Employer Harden Healthcare Services Occupation Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
01 / 31 / 2012  
**Transaction ID : SA11AI.8109**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 12512 Deer Falls Dr

City Austin State TX Zip Code 78729

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

Name of Employer Harden Healthcare Services Occupation Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
02 / 15 / 2012  
**Transaction ID : SA11AI.8110**

Amount of Each Receipt this Period  
200.00

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 12512 Deer Falls Dr

City Austin State TX Zip Code 78729

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

Name of Employer Harden Healthcare Services Occupation Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 29 / 2012**

**Transaction ID : SA11AI.8111**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 12512 Deer Falls Dr

City Austin State TX Zip Code 78729

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

Name of Employer Harden Healthcare Services Occupation Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2012**

**Transaction ID : SA11AI.8112**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 12512 Deer Falls Dr

City Austin State TX Zip Code 78729

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

Name of Employer Harden Healthcare Services Occupation Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : SA11AI.8113**

Amount of Each Receipt this Period  
**200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Maryann M Choi</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 13 / 2012 <b>Transaction ID : SA11AI.8142</b>
Mailing Address 501 S Austin Ave		Amount of Each Receipt this Period 50.00
City Georgetown	State TX	Zip Code 78626
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Harden Healthcare Services	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) <b>B. Maryann M Choi</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2012 <b>Transaction ID : SA11AI.8143</b>
Mailing Address 501 S Austin Ave		Amount of Each Receipt this Period 50.00
City Georgetown	State TX	Zip Code 78626
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Harden Healthcare Services	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>c. Maryann M Choi</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 15 / 2012 <b>Transaction ID : SA11AI.8144</b>
Mailing Address 501 S Austin Ave		Amount of Each Receipt this Period 50.00
City Georgetown	State TX	Zip Code 78626
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Harden Healthcare Services	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Maryann M Choi</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 <b>Transaction ID : SA11AI.8145</b>
Mailing Address 501 S Austin Ave		Amount of Each Receipt this Period 50.00
City Georgetown	State TX	Zip Code 78626
FEC ID number of contributing federal political committee. C		
Name of Employer Harden Healthcare Services	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Maryann M Choi</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2012 <b>Transaction ID : SA11AI.8146</b>
Mailing Address 501 S Austin Ave		Amount of Each Receipt this Period 50.00
City Georgetown	State TX	Zip Code 78626
FEC ID number of contributing federal political committee. C		
Name of Employer Harden Healthcare Services	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>c. Maryann M Choi</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2012 <b>Transaction ID : SA11AI.8147</b>
Mailing Address 501 S Austin Ave		Amount of Each Receipt this Period 50.00
City Georgetown	State TX	Zip Code 78626
FEC ID number of contributing federal political committee. C		
Name of Employer Harden Healthcare Services	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

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

FOR LINE NUMBER: PAGE 20 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 7207 Nine Oaks Cove

City State Zip Code  
Austin TX 78759

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

Name of Employer Occupation  
MBS Pharmacy Vice President, Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 06 / 2012  
**Transaction ID : SA11AI.8184**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 7207 Nine Oaks Cove

City State Zip Code  
Austin TX 78759

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

Name of Employer Occupation  
MBS Pharmacy Vice President, Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 23 / 2012  
**Transaction ID : SA11AI.8185**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 7207 Nine Oaks Cove

City State Zip Code  
Austin TX 78759

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

Name of Employer Occupation  
MBS Pharmacy Vice President, Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 07 / 2012  
**Transaction ID : SA11AI.8186**

Amount of Each Receipt this Period  
50.00

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

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

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

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

FOR LINE NUMBER: PAGE 21 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 7207 Nine Oaks Cove

City State Zip Code  
Austin TX 78759

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

Name of Employer Occupation  
MBS Pharmacy Vice President, Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : SA11AI.8187**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 7207 Nine Oaks Cove

City State Zip Code  
Austin TX 78759

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

Name of Employer Occupation  
MBS Pharmacy Vice President, Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2012  
**Transaction ID : SA11AI.8188**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 7207 Nine Oaks Cove

City State Zip Code  
Austin TX 78759

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

Name of Employer Occupation  
MBS Pharmacy Vice President, Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2012  
**Transaction ID : SA11AI.8189**

Amount of Each Receipt this Period  
50.00

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

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

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

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

FOR LINE NUMBER: PAGE 22 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 2450 CR 253

City Comanche State TX Zip Code 76442

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

Name of Employer Occupation  
Girling Community Care Regional Director, West Texas

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2012  
**Transaction ID : SA11AI.8226**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 2450 CR 253

City Comanche State TX Zip Code 76442

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

Name of Employer Occupation  
Girling Community Care Regional Director, West Texas

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : SA11AI.8227**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 2450 CR 253

City Comanche State TX Zip Code 76442

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

Name of Employer Occupation  
Girling Community Care Regional Director, West Texas

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.8228**

Amount of Each Receipt this Period  
50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Lisa Lynn Cupps**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2450 CR 253

City Comanche	State TX	Zip Code 76442
------------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation Regional Director, West Texas
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

**Transaction ID : SA11AI.8229**

Amount of Each Receipt this Period  
50.00

**B. Lisa Lynn Cupps**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2450 CR 253

City Comanche	State TX	Zip Code 76442
------------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation Regional Director, West Texas
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2012

**Transaction ID : SA11AI.8230**

Amount of Each Receipt this Period  
50.00

**C. Lisa Lynn Cupps**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2450 CR 253

City Comanche	State TX	Zip Code 76442
------------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation Regional Director, West Texas
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

**Transaction ID : SA11AI.8231**

Amount of Each Receipt this Period  
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 4809 Sinclair Ave

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

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

Name of Employer TRISUN Healthcare	Occupation Administrator
---------------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2012

**Transaction ID : SA11AI.8238**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 4809 Sinclair Ave

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

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

Name of Employer TRISUN Healthcare	Occupation Administrator
---------------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2012

**Transaction ID : SA11AI.8239**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 4809 Sinclair Ave

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

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

Name of Employer TRISUN Healthcare	Occupation Administrator
---------------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2012

**Transaction ID : SA11AI.8240**

Amount of Each Receipt this Period  
50.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Wendy L Day</b>		Date of Receipt MM / DD / YYYY 02 / 22 / 2012 <b>Transaction ID : SA11AI.8241</b>
Mailing Address 4809 Sinclair Ave		Amount of Each Receipt this Period 50.00
City Austin State TX Zip Code 78756	FEC ID number of contributing federal political committee. C	
Name of Employer TRISUN Healthcare Occupation Administrator	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00

Full Name (Last, First, Middle Initial) <b>B. Wendy L Day</b>		Date of Receipt MM / DD / YYYY 03 / 07 / 2012 <b>Transaction ID : SA11AI.8242</b>
Mailing Address 4809 Sinclair Ave		Amount of Each Receipt this Period 50.00
City Austin State TX Zip Code 78756	FEC ID number of contributing federal political committee. C	
Name of Employer TRISUN Healthcare Occupation Administrator	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) <b>C. Wendy L Day</b>		Date of Receipt MM / DD / YYYY 03 / 22 / 2012 <b>Transaction ID : SA11AI.8243</b>
Mailing Address 4809 Sinclair Ave		Amount of Each Receipt this Period 50.00
City Austin State TX Zip Code 78756	FEC ID number of contributing federal political committee. C	
Name of Employer TRISUN Healthcare Occupation Administrator	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. James Wayne Douglas</b>		Date of Receipt MM / DD / YYYY 01 / 13 / 2012 <b>Transaction ID : SA11AI.8268</b>
Mailing Address 4701 Circle Oak Cove		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. C	Name of Employer Girling Community Care	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. James Wayne Douglas</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2012 <b>Transaction ID : SA11AI.8269</b>
Mailing Address 4701 Circle Oak Cove		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. C	Name of Employer Girling Community Care	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. James Wayne Douglas</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11AI.8270</b>
Mailing Address 4701 Circle Oak Cove		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. C	Name of Employer Girling Community Care	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

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

FOR LINE NUMBER: PAGE 27 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. James Wayne Douglas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4701 Circle Oak Cove  
 City Austin State TX Zip Code 78749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Girling Community Care Occupation: President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt: 02 / 29 / 2012  
**Transaction ID : SA11AI.8271**  
 Amount of Each Receipt this Period: 100.00

**B. James Wayne Douglas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4701 Circle Oak Cove  
 City Austin State TX Zip Code 78749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Girling Community Care Occupation: President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt: 03 / 15 / 2012  
**Transaction ID : SA11AI.8272**  
 Amount of Each Receipt this Period: 100.00

**C. James Wayne Douglas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4701 Circle Oak Cove  
 City Austin State TX Zip Code 78749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Girling Community Care Occupation: President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt: 03 / 30 / 2012  
**Transaction ID : SA11AI.8273**  
 Amount of Each Receipt this Period: 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 799 W Bartlett

City Buda	State TX	Zip Code 78610
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
75.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2012

**Transaction ID : SA11AI.8278**

Amount of Each Receipt this Period  
75.00

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

Mailing Address 799 W Bartlett

City Buda	State TX	Zip Code 78610
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2012

**Transaction ID : SA11AI.8279**

Amount of Each Receipt this Period  
75.00

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

Mailing Address 799 W Bartlett

City Buda	State TX	Zip Code 78610
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11AI.8280**

Amount of Each Receipt this Period  
75.00

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

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

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

FOR LINE NUMBER: PAGE 29 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 799 W Bartlett

City State Zip Code  
Buda TX 78610

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 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 State Zip Code  
Buda TX 78610

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2012  
**Transaction ID : SA11AI.8282**

Amount of Each Receipt this Period  
75.00

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

Mailing Address 799 W Bartlett

City State Zip Code  
Buda TX 78610

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2012  
**Transaction ID : SA11AI.8283**

Amount of Each Receipt this Period  
75.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Scott Ellyson</b>		Date of Receipt MM / DD / YYYY 01 / 13 / 2012 <b>Transaction ID : SA11AI.8306</b>
Mailing Address 824 Stonewall Ridge		Amount of Each Receipt this Period 100.00
City Austin State TX Zip Code 78746	FEC ID number of contributing federal political committee. C	
Name of Employer Harden Healthcare Occupation Chief Financial Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00

Full Name (Last, First, Middle Initial) <b>B. Scott Ellyson</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2012 <b>Transaction ID : SA11AI.8307</b>
Mailing Address 824 Stonewall Ridge		Amount of Each Receipt this Period 100.00
City Austin State TX Zip Code 78746	FEC ID number of contributing federal political committee. C	
Name of Employer Harden Healthcare Occupation Chief Financial Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00

Full Name (Last, First, Middle Initial) <b>C. Scott Ellyson</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11AI.8308</b>
Mailing Address 824 Stonewall Ridge		Amount of Each Receipt this Period 100.00
City Austin State TX Zip Code 78746	FEC ID number of contributing federal political committee. C	
Name of Employer Harden Healthcare Occupation Chief Financial Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Scott Ellyson</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 <b>Transaction ID : SA11AI.8309</b>
Mailing Address 824 Stonewall Ridge		Amount of Each Receipt this Period 100.00
City Austin State TX Zip Code 78746	FEC ID number of contributing federal political committee. C	
Name of Employer Harden Healthcare Occupation Chief Financial Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

Full Name (Last, First, Middle Initial) <b>B. Scott Ellyson</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2012 <b>Transaction ID : SA11AI.8310</b>
Mailing Address 824 Stonewall Ridge		Amount of Each Receipt this Period 100.00
City Austin State TX Zip Code 78746	FEC ID number of contributing federal political committee. C	
Name of Employer Harden Healthcare Occupation Chief Financial Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

Full Name (Last, First, Middle Initial) <b>C. Scott Ellyson</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2012 <b>Transaction ID : SA11AI.8311</b>
Mailing Address 824 Stonewall Ridge		Amount of Each Receipt this Period 100.00
City Austin State TX Zip Code 78746	FEC ID number of contributing federal political committee. C	
Name of Employer Harden Healthcare Occupation Chief Financial Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Bradford W Evans**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 E Red Bridge

City Kansas City	State MO	Zip Code 67131
---------------------	-------------	-------------------

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

Name of Employer Hospice Care of Kansas	Occupation Director
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2012

**Transaction ID : SA11AI.8321**

Amount of Each Receipt this Period  
50.00

**B. Bradford W Evans**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 E Red Bridge

City Kansas City	State MO	Zip Code 67131
---------------------	-------------	-------------------

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

Name of Employer Hospice Care of Kansas	Occupation Director
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	20	/	2012

**Transaction ID : SA11AI.8322**

Amount of Each Receipt this Period  
50.00

**C. Bradford W Evans**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 E Red Bridge

City Kansas City	State MO	Zip Code 67131
---------------------	-------------	-------------------

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

Name of Employer Hospice Care of Kansas	Occupation Director
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2012

**Transaction ID : SA11AI.8323**

Amount of Each Receipt this Period  
50.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Bradford W Evans**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 E Red Bridge

City Kansas City	State MO	Zip Code 67131
---------------------	-------------	-------------------

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

Name of Employer Hospice Care of Kansas	Occupation Director
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2012

**Transaction ID : SA11AI.8324**

Amount of Each Receipt this Period  
50.00

**B. Bradford W Evans**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 E Red Bridge

City Kansas City	State MO	Zip Code 67131
---------------------	-------------	-------------------

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

Name of Employer Hospice Care of Kansas	Occupation Director
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID : SA11AI.8325**

Amount of Each Receipt this Period  
50.00

**C. Bradford W Evans**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 E Red Bridge

City Kansas City	State MO	Zip Code 67131
---------------------	-------------	-------------------

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

Name of Employer Hospice Care of Kansas	Occupation Director
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2012

**Transaction ID : SA11AI.8326**

Amount of Each Receipt this Period  
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Harden Healthcare LLC Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Benjamin Falls**

Mailing Address 12042 Bitter Hollow Dr

City Austin	State TX	Zip Code 78758
----------------	-------------	-------------------

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

Name of Employer TRISUN Healthcare	Occupation Gracy Woods/Administrator
---------------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 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)  
**B. Patricia (Tricia) Fox**

Mailing Address P O Box 190

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 13 / 2012  
**Transaction ID : SA11AI.8378**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address P O Box 190

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : SA11AI.8379**

Amount of Each Receipt this Period  
 50.00

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

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

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

FOR LINE NUMBER: PAGE 35 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address P O Box 190

City State Zip Code  
Florence TX 76527

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

Name of Employer Occupation  
Girling Home Health Vice President, Rehab

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.8380**

Amount of Each Receipt this Period  
50.00

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

Mailing Address P O Box 190

City State Zip Code  
Florence TX 76527

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

Name of Employer Occupation  
Girling Home Health Vice President, Rehab

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : SA11AI.8381**

Amount of Each Receipt this Period  
50.00

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

Mailing Address P O Box 190

City State Zip Code  
Florence TX 76527

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

Name of Employer Occupation  
Girling Home Health Vice President, Rehab

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2012  
**Transaction ID : SA11AI.8382**

Amount of Each Receipt this Period  
50.00

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

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

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

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

FOR LINE NUMBER: PAGE 36 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address P O Box 190

City State Zip Code  
Florence TX 76527

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

Name of Employer Occupation  
Girling Home Health Vice President, Rehab

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2012  
**Transaction ID : SA11AI.8383**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 2211 Sunny Slope Drive

City State Zip Code  
Austin TX 78703

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

Name of Employer Occupation  
Harden Healthcare Sr Vice President & General Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 13 / 2012  
**Transaction ID : SA11AI.8492**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 2211 Sunny Slope Drive

City State Zip Code  
Austin TX 78703

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

Name of Employer Occupation  
Harden Healthcare Sr Vice President & General Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : SA11AI.8493**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

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

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

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

FOR LINE NUMBER: PAGE 37 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 2211 Sunny Slope Drive

City Austin State TX Zip Code 78703

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

Name of Employer Harden Healthcare Occupation Sr Vice President & General Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.8494**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 2211 Sunny Slope Drive

City Austin State TX Zip Code 78703

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

Name of Employer Harden Healthcare Occupation Sr Vice President & General Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : SA11AI.8495**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 2211 Sunny Slope Drive

City Austin State TX Zip Code 78703

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

Name of Employer Harden Healthcare Occupation Sr Vice President & General Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012  
**Transaction ID : SA11AI.8496**

Amount of Each Receipt this Period  
**200.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Benjamin Hanson</b>		Date of Receipt
Mailing Address 2211 Sunny Slope Drive		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Austin	TX	78703
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.8497</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
Harden Healthcare	Sr Vice President & General Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Eric J Hansum</b>		Date of Receipt
Mailing Address 3005 Chantelaine Dr		<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Austin	TX	78746
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.8498</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
Harden Healthcare	Legal	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="50.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Eric J Hansum</b>		Date of Receipt
Mailing Address 3005 Chantelaine Dr		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Austin	TX	78746
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.8499</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
Harden Healthcare	Legal	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="100.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 39 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 3005 Chantelaine Dr

City State Zip Code  
Austin TX 78746

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

Name of Employer Occupation  
Harden Healthcare Legal

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.8500**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 3005 Chantelaine Dr

City State Zip Code  
Austin TX 78746

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

Name of Employer Occupation  
Harden Healthcare Legal

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : SA11AI.8501**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 3005 Chantelaine Dr

City State Zip Code  
Austin TX 78746

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

Name of Employer Occupation  
Harden Healthcare Legal

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2012  
**Transaction ID : SA11AI.8502**

Amount of Each Receipt this Period  
50.00

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

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

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

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

FOR LINE NUMBER: PAGE 40 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 3005 Chantelaine Dr

City State Zip Code  
Austin TX 78746

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

Name of Employer Occupation  
Harden Healthcare Legal

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2012  
**Transaction ID : SA11AI.8503**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Robin J Hayes**

Mailing Address 6112 Jumano Lane

City State Zip Code  
Austin TX 78749

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

Name of Employer Occupation  
TRISUN Healthcare Vice President, Professional Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 13 / 2012  
**Transaction ID : SA11AI.8520**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Robin J Hayes**

Mailing Address 6112 Jumano Lane

City State Zip Code  
Austin TX 78749

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

Name of Employer Occupation  
TRISUN Healthcare Vice President, Professional Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : SA11AI.8521**

Amount of Each Receipt this Period  
50.00

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Robin J Hayes</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11AI.8522</b>
Mailing Address 6112 Jumano Lane		Amount of Each Receipt this Period 50.00
City Austin State TX Zip Code 78749	FEC ID number of contributing federal political committee. C	
Name of Employer TRISUN Healthcare Occupation Vice President, Professional Services	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00

Full Name (Last, First, Middle Initial) <b>B. Robin J Hayes</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 <b>Transaction ID : SA11AI.8523</b>
Mailing Address 6112 Jumano Lane		Amount of Each Receipt this Period 50.00
City Austin State TX Zip Code 78749	FEC ID number of contributing federal political committee. C	
Name of Employer TRISUN Healthcare Occupation Vice President, Professional Services	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00

Full Name (Last, First, Middle Initial) <b>C. Robin J Hayes</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2012 <b>Transaction ID : SA11AI.8524</b>
Mailing Address 6112 Jumano Lane		Amount of Each Receipt this Period 50.00
City Austin State TX Zip Code 78749	FEC ID number of contributing federal political committee. C	
Name of Employer TRISUN Healthcare Occupation Vice President, Professional Services	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Robin J Hayes**  
Full Name (Last, First, Middle Initial)

Mailing Address 6112 Jumano Lane

City Austin State TX Zip Code 78749

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

Name of Employer TRISUN Healthcare Occupation Vice President, Professional Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2012  
**Transaction ID : SA11AI.8525**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 1410 W Fillmore St

City Chicago State IL Zip Code 60607

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

Name of Employer Girling Home Health Occupation Vice President, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 13 / 2012  
**Transaction ID : SA11AI.8632**

Amount of Each Receipt this Period  
 75.00

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

Mailing Address 1410 W Fillmore St

City Chicago State IL Zip Code 60607

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

Name of Employer Girling Home Health Occupation Vice President, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : SA11AI.8633**

Amount of Each Receipt this Period  
 75.00

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

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

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

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

FOR LINE NUMBER: PAGE 43 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 1410 W Fillmore St

City Chicago State IL Zip Code 60607

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

Name of Employer Occupation  
Girling Home Health Vice President, Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.8634**

Amount of Each Receipt this Period  
75.00

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

Mailing Address 1410 W Fillmore St

City Chicago State IL Zip Code 60607

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

Name of Employer Occupation  
Girling Home Health Vice President, Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : SA11AI.8635**

Amount of Each Receipt this Period  
75.00

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

Mailing Address 1410 W Fillmore St

City Chicago State IL Zip Code 60607

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

Name of Employer Occupation  
Girling Home Health Vice President, Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012  
**Transaction ID : SA11AI.8636**

Amount of Each Receipt this Period  
75.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Kelly Ann Jalowiec**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1410 W Fillmore St  
 City Chicago State IL Zip Code 60607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Girling Home Health Vice President, Operations  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2012  
**Transaction ID : SA11AI.8637**  
 Amount of Each Receipt this Period  
 75.00

**B. Cindy K Keim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11512 Ballentine St  
 City Overland Park State KS Zip Code 66210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hospice Care of Kansas Regional Vice President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 50.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 06 / 2012  
**Transaction ID : SA11AI.8703**  
 Amount of Each Receipt this Period  
 50.00

**C. Cindy K Keim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11512 Ballentine St  
 City Overland Park State KS Zip Code 66210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hospice Care of Kansas Regional Vice President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2012  
**Transaction ID : SA11AI.8704**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 45 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Cindy K Keim**

Mailing Address 11512 Ballentine St

City Overland Park      State KS      Zip Code 66210

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

Name of Employer: Hospice Care of Kansas      Occupation: Regional Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 07 / 2012  
**Transaction ID : SA11Al.8705**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Cindy K Keim**

Mailing Address 11512 Ballentine St

City Overland Park      State KS      Zip Code 66210

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

Name of Employer: Hospice Care of Kansas      Occupation: Regional Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : SA11Al.8706**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Cindy K Keim**

Mailing Address 11512 Ballentine St

City Overland Park      State KS      Zip Code 66210

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

Name of Employer: Hospice Care of Kansas      Occupation: Regional Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2012  
**Transaction ID : SA11Al.8707**

Amount of Each Receipt this Period  
 50.00

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

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

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

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

FOR LINE NUMBER: PAGE 46 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Cindy K Keim**

Mailing Address 11512 Ballentine St

City Overland Park      State KS      Zip Code 66210

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

Name of Employer Hospice Care of Kansas      Occupation Regional Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**03 / 22 / 2012**

**Transaction ID : SA11AI.8708**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 285 E Summit Dr

City Wimberley      State TX      Zip Code 78676

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **125.00**

Date of Receipt  
**01 / 13 / 2012**

**Transaction ID : SA11AI.8725**

Amount of Each Receipt this Period  
**125.00**

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

Mailing Address 285 E Summit Dr

City Wimberley      State TX      Zip Code 78676

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**01 / 31 / 2012**

**Transaction ID : SA11AI.8726**

Amount of Each Receipt this Period  
**125.00**

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

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

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

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

FOR LINE NUMBER: PAGE 47 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 285 E Summit Dr

City State Zip Code  
Wimberley TX 78676

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.8727**

Amount of Each Receipt this Period  
125.00

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

Mailing Address 285 E Summit Dr

City State Zip Code  
Wimberley TX 78676

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : SA11AI.8728**

Amount of Each Receipt this Period  
125.00

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

Mailing Address 285 E Summit Dr

City State Zip Code  
Wimberley TX 78676

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 285 E Summit Dr

City Wimberley State TX Zip Code 78676

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 30 / 2012

**Transaction ID : SA11AI.8730**

Amount of Each Receipt this Period 125.00

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

Mailing Address 9513 Prescott Drive

City Austin State TX Zip Code 78748

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

Name of Employer Harden Healthcare Occupation President, Leadership Development Inst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 01 / 13 / 2012

**Transaction ID : SA11AI.8775**

Amount of Each Receipt this Period 100.00

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

Mailing Address 9513 Prescott Drive

City Austin State TX Zip Code 78748

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

Name of Employer Harden Healthcare Occupation President, Leadership Development Inst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 01 / 31 / 2012

**Transaction ID : SA11AI.8776**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Kimberly A Layton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9513 Prescott Drive  
 City Austin State TX Zip Code 78748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harden Healthcare Occupation President, Leadership Development Inst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.8777**  
 Amount of Each Receipt this Period  
 100.00

**B. Kimberly A Layton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9513 Prescott Drive  
 City Austin State TX Zip Code 78748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harden Healthcare Occupation President, Leadership Development Inst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : SA11AI.8778**  
 Amount of Each Receipt this Period  
 100.00

**C. Kimberly A Layton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9513 Prescott Drive  
 City Austin State TX Zip Code 78748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harden Healthcare Occupation President, Leadership Development Inst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2012  
**Transaction ID : SA11AI.8779**  
 Amount of Each Receipt this Period  
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 9513 Prescott Drive

City Austin State TX Zip Code 78748

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

Name of Employer Harden Healthcare Occupation President, Leadership Development Inst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : SA11AI.8780**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 1620 Elderhill Road

City Driftwood State TX Zip Code 78619

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

Name of Employer Girling Community Care Occupation General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 13 / 2012**

**Transaction ID : SA11AI.8786**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 1620 Elderhill Road

City Driftwood State TX Zip Code 78619

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

Name of Employer Girling Community Care Occupation General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 31 / 2012**

**Transaction ID : SA11AI.8787**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. George Ledbetter</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11AI.8788</b>
Mailing Address 1620 Elderhill Road		Amount of Each Receipt this Period 50.00
City Driftwood	State TX	Zip Code 78619
FEC ID number of contributing federal political committee. C		
Name of Employer Girling Community Care	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

Full Name (Last, First, Middle Initial) <b>B. George Ledbetter</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 <b>Transaction ID : SA11AI.8789</b>
Mailing Address 1620 Elderhill Road		Amount of Each Receipt this Period 50.00
City Driftwood	State TX	Zip Code 78619
FEC ID number of contributing federal political committee. C		
Name of Employer Girling Community Care	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. George Ledbetter</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2012 <b>Transaction ID : SA11AI.8790</b>
Mailing Address 1620 Elderhill Road		Amount of Each Receipt this Period 50.00
City Driftwood	State TX	Zip Code 78619
FEC ID number of contributing federal political committee. C		
Name of Employer Girling Community Care	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. George Ledbetter</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2012 <b>Transaction ID : SA11AI.8791</b>
Mailing Address 1620 Elderhill Road		Amount of Each Receipt this Period 50.00
City Driftwood	State TX	Zip Code 78619
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Girling Community Care	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Maria A MacKeil</b>		Date of Receipt MM / DD / YYYY 01 / 13 / 2012 <b>Transaction ID : SA11AI.8842</b>
Mailing Address 8820 Colberg Dr		Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Harden Healthcare	Occupation Director of Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) <b>C. Maria A MacKeil</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2012 <b>Transaction ID : SA11AI.8843</b>
Mailing Address 8820 Colberg Dr		Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Harden Healthcare	Occupation Director of Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 8820 Colberg Dr

City Austin State TX Zip Code 78749

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

Name of Employer Harden Healthcare Occupation Director of Internal Audit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **150.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 15 / 2012**

**Transaction ID : SA11AI.8844**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 8820 Colberg Dr

City Austin State TX Zip Code 78749

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

Name of Employer Harden Healthcare Occupation Director of Internal Audit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 29 / 2012**

**Transaction ID : SA11AI.8845**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 8820 Colberg Dr

City Austin State TX Zip Code 78749

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

Name of Employer Harden Healthcare Occupation Director of Internal Audit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2012**

**Transaction ID : SA11AI.8846**

Amount of Each Receipt this Period  
**50.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Maria A MacKeil</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2012 <b>Transaction ID : SA11AI.8847</b>
Mailing Address 8820 Colberg Dr		Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Harden Healthcare	Occupation Director of Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. William B Parrish</b>		Date of Receipt MM / DD / YYYY 01 / 13 / 2012 <b>Transaction ID : SA11AI.9027</b>
Mailing Address 3200 Wild Canyon Loop		Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78732
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Girling Home Health	Occupation Vice President of Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) <b>C. William B Parrish</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2012 <b>Transaction ID : SA11AI.9028</b>
Mailing Address 3200 Wild Canyon Loop		Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78732
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Girling Home Health	Occupation Vice President of Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. William B Parrish**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3200 Wild Canyon Loop  
City Austin State TX Zip Code 78732  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Girling Home Health Occupation: Vice President of Finance  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **150.00**

Date of Receipt: 02 / 15 / 2012  
**Transaction ID : SA11AI.9029**  
Amount of Each Receipt this Period: **50.00**

**B. William B Parrish**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3200 Wild Canyon Loop  
City Austin State TX Zip Code 78732  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Girling Home Health Occupation: Vice President of Finance  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **200.00**

Date of Receipt: 02 / 29 / 2012  
**Transaction ID : SA11AI.9030**  
Amount of Each Receipt this Period: **50.00**

**C. William B Parrish**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3200 Wild Canyon Loop  
City Austin State TX Zip Code 78732  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Girling Home Health Occupation: Vice President of Finance  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt: 03 / 15 / 2012  
**Transaction ID : SA11AI.9031**  
Amount of Each Receipt this Period: **50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 3200 Wild Canyon Loop

City Austin State TX Zip Code 78732

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

Name of Employer: **Girling Home Health** Occupation: **Vice President of Finance**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **03 / 30 / 2012**

**Transaction ID : SA11AI.9032**

Amount of Each Receipt this Period: **50.00**

**B. Shanni F Ponce**  
Full Name (Last, First, Middle Initial)

Mailing Address 2818 Fountain Grove Cove

City Round Rock State TX Zip Code 78665

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

Name of Employer: **MBS Rehab** Occupation: **Senior Vice President**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **40.00**

Date of Receipt: **01 / 06 / 2012**

**Transaction ID : SA11AI.9090**

Amount of Each Receipt this Period: **40.00**

**C. Shanni F Ponce**  
Full Name (Last, First, Middle Initial)

Mailing Address 2818 Fountain Grove Cove

City Round Rock State TX Zip Code 78665

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

Name of Employer: **MBS Rehab** Occupation: **Senior Vice President**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **80.00**

Date of Receipt: **01 / 23 / 2012**

**Transaction ID : SA11AI.9091**

Amount of Each Receipt this Period: **40.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>130.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 57 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Shanni F Ponce**

Mailing Address 2818 Fountain Grove Cove

City Round Rock State TX Zip Code 78665

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

Name of Employer MBS Rehab Occupation Senior Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **120.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 07 / 2012**

Transaction ID : **SA11AI.9092**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**B. Shanni F Ponce**

Mailing Address 2818 Fountain Grove Cove

City Round Rock State TX Zip Code 78665

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

Name of Employer MBS Rehab Occupation Senior Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **160.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 22 / 2012**

Transaction ID : **SA11AI.9093**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**C. Shanni F Ponce**

Mailing Address 2818 Fountain Grove Cove

City Round Rock State TX Zip Code 78665

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

Name of Employer MBS Rehab Occupation Senior Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 07 / 2012**

Transaction ID : **SA11AI.9094**

Amount of Each Receipt this Period  
**40.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Shanni F Ponce**  
Full Name (Last, First, Middle Initial)

Mailing Address 2818 Fountain Grove Cove

City	State	Zip Code
Round Rock	TX	78665

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

Name of Employer	Occupation
MBS Rehab	Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2012

**Transaction ID : SA11AI.9095**

Amount of Each Receipt this Period  

40.00
-------

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

Mailing Address 722 Craig St

City	State	Zip Code
Hillboro	TX	76645

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

Name of Employer	Occupation
TRISUN Healthcare	Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **40.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2012

**Transaction ID : SA11AI.9275**

Amount of Each Receipt this Period  

40.00
-------

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

Mailing Address 722 Craig St

City	State	Zip Code
Hillboro	TX	76645

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

Name of Employer	Occupation
TRISUN Healthcare	Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **80.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2012

**Transaction ID : SA11AI.9276**

Amount of Each Receipt this Period  

40.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 59 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 722 Craig St

City Hillboro State TX Zip Code 76645

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

Name of Employer Occupation  
TRISUN Healthcare Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
120.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 07 / 2012  
**Transaction ID : SA11AI.9277**

Amount of Each Receipt this Period  
40.00

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

Mailing Address 722 Craig St

City Hillboro State TX Zip Code 76645

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

Name of Employer Occupation  
TRISUN Healthcare Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
160.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : SA11AI.9278**

Amount of Each Receipt this Period  
40.00

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

Mailing Address 722 Craig St

City Hillboro State TX Zip Code 76645

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

Name of Employer Occupation  
TRISUN Healthcare Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2012  
**Transaction ID : SA11AI.9279**

Amount of Each Receipt this Period  
40.00

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

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

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

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

FOR LINE NUMBER: PAGE 60 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 722 Craig St

City Hillboro State TX Zip Code 76645

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

Name of Employer TRISUN Healthcare Occupation Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 03 / 22 / 2012  
**Transaction ID : SA11AI.9280**

Amount of Each Receipt this Period  
 40.00

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

Mailing Address 991 Oak Ridge

City Shertz State TX Zip Code 78154

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

Name of Employer MBS Rehab Occupation Director of Clinical Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 50.00

Date of Receipt  
 01 / 06 / 2012  
**Transaction ID : SA11AI.9299**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 991 Oak Ridge

City Shertz State TX Zip Code 78154

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

Name of Employer MBS Rehab Occupation Director of Clinical Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 100.00

Date of Receipt  
 01 / 23 / 2012  
**Transaction ID : SA11AI.9300**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00

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

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

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

FOR LINE NUMBER: PAGE 61 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 991 Oak Ridge

City State Zip Code  
Shertz TX 78154

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

Name of Employer Occupation  
MBS Rehab Director of Clinical Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 07 / 2012  
**Transaction ID : SA11AI.9301**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 991 Oak Ridge

City State Zip Code  
Shertz TX 78154

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

Name of Employer Occupation  
MBS Rehab Director of Clinical Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : SA11AI.9302**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 991 Oak Ridge

City State Zip Code  
Shertz TX 78154

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

Name of Employer Occupation  
MBS Rehab Director of Clinical Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2012  
**Transaction ID : SA11AI.9303**

Amount of Each Receipt this Period  
50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

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

Mailing Address 991 Oak Ridge

City Shertz State TX Zip Code 78154

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

Name of Employer MBS Rehab Occupation Director of Clinical Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 22 / 2012**

**Transaction ID : SA11AI.9304**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 2419 Edgecliff Path

City Georgetown State TX Zip Code 78626

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

Name of Employer TRISUN Healthcare Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 06 / 2012**

**Transaction ID : SA11AI.9340**

Amount of Each Receipt this Period  
**2.00**

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

Mailing Address 2419 Edgecliff Path

City Georgetown State TX Zip Code 78626

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

Name of Employer TRISUN Healthcare Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 23 / 2012**

**Transaction ID : SA11AI.9341**

Amount of Each Receipt this Period  
**2.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **54.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 2419 Edgecliff Path

City Georgetown State TX Zip Code 78626

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

Name of Employer TRISUN Healthcare Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **6.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 07 / 2012**

**Transaction ID : SA11AI.9342**

Amount of Each Receipt this Period  
**2.00**

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

Mailing Address 2419 Edgecliff Path

City Georgetown State TX Zip Code 78626

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

Name of Employer TRISUN Healthcare Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **8.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 22 / 2012**

**Transaction ID : SA11AI.9343**

Amount of Each Receipt this Period  
**2.00**

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

Mailing Address 2419 Edgecliff Path

City Georgetown State TX Zip Code 78626

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

Name of Employer TRISUN Healthcare Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **387.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 22 / 2012**

**Transaction ID : SA11AI.9578**

Amount of Each Receipt this Period  
**379.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>383.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Kenneth Stribling</b>			Date of Receipt MM / DD / YYYY 03 / 07 / 2012 <b>Transaction ID : SA11AI.9344</b>
Mailing Address 2419 Edgecliff Path			Amount of Each Receipt this Period 2.00
City Georgetown	State TX	Zip Code 78626	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 389.00	
Name of Employer TRISUN Healthcare		Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Kenneth Stribling</b>			Date of Receipt MM / DD / YYYY 03 / 22 / 2012 <b>Transaction ID : SA11AI.9345</b>
Mailing Address 2419 Edgecliff Path			Amount of Each Receipt this Period 25.00
City Georgetown	State TX	Zip Code 78626	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 414.00	
Name of Employer TRISUN Healthcare		Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ronda Van Meter</b>			Date of Receipt MM / DD / YYYY 01 / 13 / 2012 <b>Transaction ID : SA11AI.9415</b>
Mailing Address 253 LCR 405			Amount of Each Receipt this Period 50.00
City Mexia	State TX	Zip Code 76667	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 50.00	
Name of Employer Girling Home Health		Occupation Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	77.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Ronda Van Meter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 253 LCR 405

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2012

**Transaction ID : SA11AI.9416**

Amount of Each Receipt this Period  
50.00

**B. Ronda Van Meter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 253 LCR 405

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11AI.9417**

Amount of Each Receipt this Period  
50.00

**C. Ronda Van Meter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 253 LCR 405

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

**Transaction ID : SA11AI.9418**

Amount of Each Receipt this Period  
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Ronda Van Meter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 253 LCR 405

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2012

**Transaction ID : SA11AI.9419**

Amount of Each Receipt this Period  
50.00

**B. Ronda Van Meter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 253 LCR 405

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

**Transaction ID : SA11AI.9420**

Amount of Each Receipt this Period  
50.00

**C. Jennifer Lynn Vogt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4506 Grand Cypress Drive

City Austin	State TX	Zip Code 78747
----------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation Regional Vice President
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
55.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2012

**Transaction ID : SA11AI.9433**

Amount of Each Receipt this Period  
55.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	155.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 4506 Grand Cypress Drive

City Austin	State TX	Zip Code 78747
----------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation Regional Vice President
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
110.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	31	/	2012

**Transaction ID : SA11AI.9434**

Amount of Each Receipt this Period  
55.00

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

Mailing Address 4506 Grand Cypress Drive

City Austin	State TX	Zip Code 78747
----------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation Regional Vice President
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
165.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11AI.9435**

Amount of Each Receipt this Period  
55.00

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

Mailing Address 4506 Grand Cypress Drive

City Austin	State TX	Zip Code 78747
----------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation Regional Vice President
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	29	/	2012

**Transaction ID : SA11AI.9436**

Amount of Each Receipt this Period  
55.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	165.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 4506 Grand Cypress Drive

City Austin State TX Zip Code 78747

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

Name of Employer: **Girling Community Care** Occupation: **Regional Vice President**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt: **03 / 15 / 2012**

**Transaction ID : SA11AI.9437**

Amount of Each Receipt this Period: **55.00**

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

Mailing Address 4506 Grand Cypress Drive

City Austin State TX Zip Code 78747

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

Name of Employer: **Girling Community Care** Occupation: **Regional Vice President**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt: **03 / 30 / 2012**

**Transaction ID : SA11AI.9438**

Amount of Each Receipt this Period: **55.00**

**C. Iris B Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 3733 Locke Lane

City Corpus Christi State TX Zip Code 78415

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

Name of Employer: **MBS Rehab** Occupation: **Director of Operations**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt: **01 / 06 / 2012**

**Transaction ID : SA11AI.9506**

Amount of Each Receipt this Period: **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **160.00**

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

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

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

FOR LINE NUMBER: PAGE 69 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Iris B Williams**

Mailing Address 3733 Locke Lane

City State Zip Code  
Corpus Christi TX 78415

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

Name of Employer Occupation  
MBS Rehab Director of Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2012  
**Transaction ID : SA11AI.9507**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Iris B Williams**

Mailing Address 3733 Locke Lane

City State Zip Code  
Corpus Christi TX 78415

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

Name of Employer Occupation  
MBS Rehab Director of Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 07 / 2012  
**Transaction ID : SA11AI.9508**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Iris B Williams**

Mailing Address 3733 Locke Lane

City State Zip Code  
Corpus Christi TX 78415

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

Name of Employer Occupation  
MBS Rehab Director of Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : SA11AI.9509**

Amount of Each Receipt this Period  
50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Iris B Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3733 Locke Lane  
City Corpus Christi State TX Zip Code 78415  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MBS Rehab Occupation Director of Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 07 / 2012  
**Transaction ID : SA11AI.9510**  
Amount of Each Receipt this Period 50.00

**B. Iris B Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3733 Locke Lane  
City Corpus Christi State TX Zip Code 78415  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MBS Rehab Occupation Director of Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2012  
**Transaction ID : SA11AI.9511**  
Amount of Each Receipt this Period 50.00

**C. Thomas Lloyd Wilson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1703 W. 5th St Ste 700  
City Austin State TX Zip Code 78703  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harden Healthcare Occupation Home Care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 40.00

Date of Receipt 01 / 13 / 2012  
**Transaction ID : SA11AI.9514**  
Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 71 OF 76  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Thomas Lloyd Wilson**

Mailing Address 1703 W. 5th St Ste 700

City State Zip Code  
Austin TX 78703

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

Name of Employer Occupation  
Harden Healthcare Home Care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
80.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : SA11AI.9515**

Amount of Each Receipt this Period  
40.00

Full Name (Last, First, Middle Initial)  
**B. Thomas Lloyd Wilson**

Mailing Address 1703 W. 5th St Ste 700

City State Zip Code  
Austin TX 78703

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

Name of Employer Occupation  
Harden Healthcare Home Care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
120.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.9516**

Amount of Each Receipt this Period  
40.00

Full Name (Last, First, Middle Initial)  
**C. Thomas Lloyd Wilson**

Mailing Address 1703 W. 5th St Ste 700

City State Zip Code  
Austin TX 78703

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

Name of Employer Occupation  
Harden Healthcare Home Care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
160.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : SA11AI.9517**

Amount of Each Receipt this Period  
40.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Lloyd Wilson**

Mailing Address 1703 W. 5th St Ste 700

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

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

Name of Employer Harden Healthcare	Occupation Home Care
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2012

**Transaction ID : SA11AI.9518**

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Lloyd Wilson**

Mailing Address 1703 W. 5th St Ste 700

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

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

Name of Employer Harden Healthcare	Occupation Home Care
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

**Transaction ID : SA11AI.9519**

Amount of Each Receipt this Period  
40.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	13974.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. HOMECARE & HOSPICE PAC**

Mailing Address C/O SIMIONE CONSULTANTS LLC  
4130 WHITNEY AVENYE

City HAMDEN State CT Zip Code 06518

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2012

Transaction ID : SB23.9596

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. LATHAM FOR CONGRESS**

Mailing Address PO BOX 8237

City DES MOINES State IA Zip Code 50301

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

THOMAS LATHAM  
Office Sought:  House  Senate  President  
State: IA District: 03

Disbursement For: 2012  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2012

Transaction ID : SB23.9594

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. MORAN FOR KANSAS**

Mailing Address PO BOX 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

JERRY MORAN  
Office Sought:  House  Senate  President  
State: KS District: 00

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2012

Transaction ID : SB23.9610

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12500.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Capital Area Social and Activity Coordinators Association (CASACA)**

Mailing Address 12042 Bittern Hollow

City Austin State TX Zip Code 78758

Purpose of Disbursement  
Charitable Donation

012

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2012

Transaction ID : SB29.9612

Amount of Each Disbursement this Period

455.00

Full Name (Last, First, Middle Initial)

**B. JUAN HINOJOSA FOR TEXAS SENATE**

Mailing Address PO BOX 1421

City AUSTIN State TX Zip Code 78767

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2012

Transaction ID : SB29.9622

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. TEXANS FOR CHARLES SCHWERTNER**

Mailing Address PO BOX 2448

City GEORGETOWN State TX Zip Code 78627

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2012

Transaction ID : SB29.9608

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6955.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. TEXANS FOR DAN PATRICK**

Mailing Address PO BOX 79544

City HOUSTON State TX Zip Code 77279

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2012

Transaction ID : SB29.9602

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. Hon. Kirk P Watson**

Mailing Address PO BOX 2004

City AUSTIN State TX Zip Code 78768

Purpose of Disbursement  
Political Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2012

Transaction ID : SB29.9619

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6500.00

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

13455.00