

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Harden Healthcare LLC Federal PAC

ADDRESS (number and street) 1703 W. 5th Street Suite 700 Austin TX 78703 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00489740 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 06 / 07 / 2012 through 06 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Thomas Lloyd Wilson

Signature of Treasurer Thomas Lloyd Wilson [Electronically Filed] Date 07 / 15 / 2012

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Harden Healthcare LLC Federal PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		57115.50
(b) Cash on Hand at Beginning of Reporting Period.....	54889.20	
(c) Total Receipts (from Line 19)	8114.80	47928.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	63004.00	105044.00
7. Total Disbursements (from Line 31).....	17252.00	59292.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	45752.00	45752.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Harden Healthcare LLC Federal PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5685.00	30329.00
(ii) Unitemized	2429.80	17599.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8114.80	47928.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8114.80	47928.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	8114.80	47928.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8114.80	47928.50

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	845.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	845.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17250.00	41240.00
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	2.00	2.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2.00	2.00
29. Other Disbursements	0.00	17205.00
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)) ..	17252.00	59292.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17252.00	59292.00

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)	8114.80	47928.50
34. Total Contribution Refunds (from Line 28(d))	2.00	2.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8112.80	47926.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	845.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	845.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 47
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Jeanette A Bloch		Date of Receipt
Mailing Address 1211 S Gingko Ln		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City Andover	State KS	Zip Code 67002
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.11011
Name of Employer Voyager Hospice		Amount of Each Receipt this Period
Occupation Executive Director		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="275.00"/>		

Full Name (Last, First, Middle Initial) B. Jeanette A Bloch		Date of Receipt
Mailing Address 1211 S Gingko Ln		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City Andover	State KS	Zip Code 67002
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.11376
Name of Employer Voyager Hospice		Amount of Each Receipt this Period
Occupation Executive Director		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="300.00"/>		

Full Name (Last, First, Middle Initial) C. Brianna B Braden		Date of Receipt
Mailing Address 18821 Golddust Pass		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Pflugerville	State TX	Zip Code 78660
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.11219
Name of Employer Harden Healthcare Services		Amount of Each Receipt this Period
Occupation Senior Vice President, Human Resources		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1100.00"/>		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 47
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Brianna B Braden		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.11569
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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Wendi Bray		Date of Receipt MM / DD / YYYY 06 / 15 / 2012 Transaction ID : SA11AI.11220
Mailing Address 15705 Edenderry Dr		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Wendi Bray		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.11570
Mailing Address 15705 Edenderry Dr		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 47
	<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
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FEC ID number of contributing federal political committee. **C**

Name of Employer Voyager Hospice	Occupation Regional VP
-------------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

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

Transaction ID : SA11AI.11020

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

Name of Employer Voyager Hospice	Occupation Regional VP
-------------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

Transaction ID : SA11AI.11383

Amount of Each Receipt this Period

50.00

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

Mailing Address 2807 S Gary Avenue

City Tulsa	State OK	Zip Code 74114
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

Transaction ID : SA11AI.11200

Amount of Each Receipt this Period

60.00

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: (check only one)	PAGE 9 OF 47
	<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. 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 ▼ 720.00

Date of Receipt: 06 / 28 / 2012
Transaction ID : SA11Al.11552
 Amount of Each Receipt this Period: 60.00

B. Stefanie L Cavanaugh
 Full Name (Last, First, Middle Initial)
 Mailing Address 12512 Deer Falls Dr
 City Austin State TX Zip Code 78729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Harden Healthcare Services Occupation: Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt: 06 / 15 / 2012
Transaction ID : SA11Al.11225
 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 ▼ 2400.00

Date of Receipt: 06 / 29 / 2012
Transaction ID : SA11Al.11574
 Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 460.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 47
(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 ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2012
Transaction ID : SA11AI.11036

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 ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : SA11AI.11399

Amount of Each Receipt this Period
50.00

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

Mailing Address 6013 Forest Shadow

City State Zip Code
San Antonio TX 78240

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

Name of Employer Occupation
Girling Community Care Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : SA11AI.11233

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 47
<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. Gloria R Crawford
Full Name (Last, First, Middle Initial)
Mailing Address 6013 Forest Shadow
City San Antonio State TX Zip Code 78240
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Community Care Occupation: Regional Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **360.00**

Date of Receipt: 06 / 29 / 2012
Transaction ID : SA11AI.11581
Amount of Each Receipt this Period: **30.00**

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 **550.00**

Date of Receipt: 06 / 15 / 2012
Transaction ID : SA11AI.11235
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 **600.00**

Date of Receipt: 06 / 29 / 2012
Transaction ID : SA11AI.11583
Amount of Each Receipt this Period: **50.00**

SUBTOTAL of Receipts This Page (optional)..... **130.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 47
<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
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

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

Transaction ID : SA11AI.11040

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

Transaction ID : SA11AI.11403

Amount of Each Receipt this Period
50.00

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

Mailing Address 4701 Circle Oak Cove

City Austin	State TX	Zip Code 78749
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FEC ID number of contributing federal political committee. **C**

Name of Employer Girling Community Care	Occupation President
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

Transaction ID : SA11AI.11239

Amount of Each Receipt this Period
100.00

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 13 OF 47
(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. James Wayne Douglas

Mailing Address 4701 Circle Oak Cove

City State Zip Code
Austin TX 78749

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

Name of Employer Occupation
Girling Community Care President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.11586

Amount of Each Receipt this Period
100.00

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 ▼
825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : SA11AI.11241

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 ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.11587

Amount of Each Receipt this Period
75.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 47
	<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. Dianne B Edwards
Full Name (Last, First, Middle Initial)
Mailing Address 6600 Lands End
City Fort Worth State TX Zip Code 76116
FEC ID number of contributing federal political committee. **C**
Name of Employer TRISUN Healthcare Occupation Nurse Consultant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 15 / 2012
Transaction ID : SA11AI.11243
Amount of Each Receipt this Period 25.00

B. Dianne B Edwards
Full Name (Last, First, Middle Initial)
Mailing Address 6600 Lands End
City Fort Worth State TX Zip Code 76116
FEC ID number of contributing federal political committee. **C**
Name of Employer TRISUN Healthcare Occupation Nurse Consultant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 29 / 2012
Transaction ID : SA11AI.11589
Amount of Each Receipt this Period 25.00

C. Scott Ellyson
Full Name (Last, First, Middle Initial)
Mailing Address 824 Stonewall Ridge
City Austin State TX Zip Code 78746
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Occupation Chief Financial Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 06 / 15 / 2012
Transaction ID : SA11AI.11246
Amount of Each Receipt this Period 100.00

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

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

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

Mailing Address 824 Stonewall Ridge

City Austin State TX Zip Code 78746

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

Name of Employer Harden Healthcare Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 06 / 29 / 2012
Transaction ID : SA11Al.11591

Amount of Each Receipt this Period
 100.00

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 ▼ 550.00

Date of Receipt
 06 / 07 / 2012
Transaction ID : SA11Al.11048

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 ▼ 600.00

Date of Receipt
 06 / 22 / 2012
Transaction ID : SA11Al.11411

Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 47
	<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. Patricia A (Tricia) Fox
 Full Name (Last, First, Middle Initial)
 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 **550.00**

Date of Receipt: 06 / 15 / 2012
Transaction ID : SA11AI.11252
 Amount of Each Receipt this Period: **50.00**

B. Patricia A (Tricia) Fox
 Full Name (Last, First, Middle Initial)
 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 **600.00**

Date of Receipt: 06 / 29 / 2012
Transaction ID : SA11AI.11597
 Amount of Each Receipt this Period: **50.00**

C. Lori Don McNamee Gregory
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 E 5th St #2819
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Harden Healthcare Services Occupation: Chief Compliance Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt: 06 / 15 / 2012
Transaction ID : SA11AI.11260
 Amount of Each Receipt this Period: **25.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Lori Don McNamee Gregory
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 E 5th St #2819
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Chief Compliance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11Al.11603
 Amount of Each Receipt this Period
 25.00

B. Olga Guerra
 Full Name (Last, First, Middle Initial)
 Mailing Address 2201 North 25 and 1/2 Street
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Girling Community Care Occupation Branch Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : SA11Al.11264
 Amount of Each Receipt this Period
 25.00

C. Elaine Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 6480 CR 321
 City Blanket State TX Zip Code 76432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lighthouse Hospice Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2012
Transaction ID : SA11Al.11069
 Amount of Each Receipt this Period
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 47
	<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. Elaine Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 6480 CR 321
 City Blanket State TX Zip Code 76432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lighthouse Hospice Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : SA11AI.11429
 Amount of Each Receipt this Period
25.00

B. Benjamin Hanson
 Full Name (Last, First, Middle Initial)
 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 **2200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : SA11AI.11267
 Amount of Each Receipt this Period
200.00

C. Benjamin Hanson
 Full Name (Last, First, Middle Initial)
 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 **2400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.11608
 Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... **425.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Eric J Hansum
Full Name (Last, First, Middle Initial)
Mailing Address 3005 Chantelaine Dr
City Austin State TX Zip Code 78746
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Occupation Legal
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt
06 / 15 / 2012
Transaction ID : SA11AI.11268
Amount of Each Receipt this Period
50.00

B. Eric J Hansum
Full Name (Last, First, Middle Initial)
Mailing Address 3005 Chantelaine Dr
City Austin State TX Zip Code 78746
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Occupation Legal
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
06 / 29 / 2012
Transaction ID : SA11AI.11609
Amount of Each Receipt this Period
50.00

C. 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 ▼ 550.00

Date of Receipt
06 / 15 / 2012
Transaction ID : SA11AI.11271
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 20 OF 47
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Robin J Hayes
Full Name (Last, First, Middle Initial)
Mailing Address 6112 Jumano 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 **600.00**

Date of Receipt **06 / 29 / 2012**
Transaction ID : SA11AI.11612
Amount of Each Receipt this Period **50.00**

B. Tina Hilmas
Full Name (Last, First, Middle Initial)
Mailing Address 494 Countryside Dr
City Rolla State MO Zip Code 65401
FEC ID number of contributing federal political committee. **C**
Name of Employer Girling Community Care Occupation Director of Nursing
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **325.00**

Date of Receipt **06 / 20 / 2012**
Transaction ID : SA11AI.11361
Amount of Each Receipt this Period **25.00**

C. Chelsea M Holden
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Dunning Lane
City Austin State TX Zip Code 78746
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Services Occupation Government Relations Liaison
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **275.00**

Date of Receipt **06 / 15 / 2012**
Transaction ID : SA11AI.11275
Amount of Each Receipt this Period **25.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 47
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Chelsea M Holden		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.11616
Mailing Address 4000 Dunning Lane		Amount of Each Receipt this Period 25.00
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. C		
Name of Employer Harden Healthcare Services	Occupation Government Relations Liaison	
Receipt For: <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. Maxzine Holliday		Date of Receipt MM / DD / YYYY 06 / 07 / 2012 Transaction ID : SA11AI.11074
Mailing Address 6116 Sulfer Spring		Amount of Each Receipt this Period 40.00
City Killeen	State TX	Zip Code 76542
FEC ID number of contributing federal political committee. C		
Name of Employer TRISUN Healthcare	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) C. Maxzine Holliday		Date of Receipt MM / DD / YYYY 06 / 22 / 2012 Transaction ID : SA11AI.11433
Mailing Address 6116 Sulfer Spring		Amount of Each Receipt this Period 40.00
City Killeen	State TX	Zip Code 76542
FEC ID number of contributing federal political committee. C		
Name of Employer TRISUN Healthcare	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kelly Ann Jalowiec
 Full Name (Last, First, Middle Initial)
 Mailing Address 1410 W Fillmore St
 City Chicago State IL Zip Code 60607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Girling Home Health Occupation: Vice President, Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **825.00**

Date of Receipt: 06 / 15 / 2012
Transaction ID : SA11AI.11279
 Amount of Each Receipt this Period: **75.00**

B. Kelly Ann Jalowiec
 Full Name (Last, First, Middle Initial)
 Mailing Address 1410 W Fillmore St
 City Chicago State IL Zip Code 60607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Girling Home Health Occupation: Vice President, Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt: 06 / 29 / 2012
Transaction ID : SA11AI.11621
 Amount of Each Receipt this Period: **75.00**

C. Lakishia Lanette Jawdje
 Full Name (Last, First, Middle Initial)
 Mailing Address 5735 Tioger Lilly Way
 City Houston State TX Zip Code 77085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Girling Community Care Occupation: Regional Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt: 06 / 15 / 2012
Transaction ID : SA11AI.11280
 Amount of Each Receipt this Period: **25.00**

SUBTOTAL of Receipts This Page (optional)..... **175.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Lakishia Lanette Jawdje
 Full Name (Last, First, Middle Initial)
 Mailing Address 5735 Tioger Lilly Way
 City Houston State TX Zip Code 77085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Girling Community Care Occupation: Regional Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt: **06 / 29 / 2012**
Transaction ID : SA11AI.11622
 Amount of Each Receipt this Period: **25.00**

B. Brenda Kaden
 Full Name (Last, First, Middle Initial)
 Mailing Address 13601 CR 7160
 City Rolla State MO Zip Code 65401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Girling Community Care Occupation: Regional Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt: **06 / 20 / 2012**
Transaction ID : SA11AI.11363
 Amount of Each Receipt this Period: **25.00**

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: Hospice Care of Kansas Occupation: Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt: **06 / 07 / 2012**
Transaction ID : SA11AI.11085
 Amount of Each Receipt this Period: **50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 47
<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. Diane Kenyon		Date of Receipt
Mailing Address 285 E Summit Dr		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City State Zip Code Wimberley TX 78676		Transaction ID : SA11Al.11285
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="125.00"/>
Name of Employer Harden Healthcare Services	Occupation Senior Vice President, IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1375.00"/>	

Full Name (Last, First, Middle Initial) B. Diane Kenyon		Date of Receipt
Mailing Address 285 E Summit Dr		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City State Zip Code Wimberley TX 78676		Transaction ID : SA11Al.11627
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="125.00"/>
Name of Employer Harden Healthcare Services	Occupation Senior Vice President, IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) C. Kimberly A Layton		Date of Receipt
Mailing Address 9513 Prescott Drive		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City State Zip Code Austin TX 78748		Transaction ID : SA11Al.11290
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Harden Healthcare	Occupation President, Leadership Development Inst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1100.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 9513 Prescott 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.11631

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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : SA11AI.11292

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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.11633

Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 47
	<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. Debra Lietz
Full Name (Last, First, Middle Initial)

Mailing Address 210 W Wincrest St

City State Zip Code
Frederickburg TX 78624

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

Name of Employer Occupation
Windcrest Nursing and Rehab Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2012
Transaction ID : SA11AI.11094

Amount of Each Receipt this Period
10.00

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

Mailing Address 210 W Wincrest St

City State Zip Code
Frederickburg TX 78624

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

Name of Employer Occupation
Windcrest Nursing and Rehab Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 22 / 2012
Transaction ID : SA11AI.11451

Amount of Each Receipt this Period
10.00

C. Lewis W Little
Full Name (Last, First, Middle Initial)

Mailing Address 901 W 9th St #316

City State Zip Code
Austin TX 78703

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

Name of Employer Occupation
Harden Healthcare Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2012
Transaction ID : SA11AI.11298

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 47
<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. Lewis W Little		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.11637
Mailing Address 901 W 9th St #316		Amount of Each Receipt this Period 20.00
City Austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee. C		
Name of Employer Harden Healthcare	Occupation Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Maria A MacKeil		Date of Receipt MM / DD / YYYY 06 / 15 / 2012 Transaction ID : SA11AI.11301
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		
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 ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Maria A MacKeil		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.11639
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		
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 ▼ 600.00	

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 28 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt
 06 / 07 / 2012
Transaction ID : SA11AI.11133
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

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

Date of Receipt
 06 / 22 / 2012
Transaction ID : SA11AI.11485
 Amount of Each Receipt this Period
 25.00
 Aggregate Year-to-Date ▼
 275.00

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)

Date of Receipt
 06 / 15 / 2012
Transaction ID : SA11AI.11320
 Amount of Each Receipt this Period
 50.00
 Aggregate Year-to-Date ▼
 550.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 47
<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 ▼ **600.00**

Date of Receipt: **06 / 29 / 2012**
Transaction ID : SA11AI.11655

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

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

Mailing Address 2913 Richfield Landing

City Pflugerville State TX Zip Code 78660

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

Name of Employer: **Girling Community Care** Occupation: **Financial Analyst**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt: **06 / 15 / 2012**
Transaction ID : SA11AI.11322

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

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

Mailing Address 2913 Richfield Landing

City Pflugerville State TX Zip Code 78660

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

Name of Employer: **Girling Community Care** Occupation: **Financial Analyst**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **06 / 29 / 2012**
Transaction ID : SA11AI.11657

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 47
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 201 CR 326A

City Rosebud State TX Zip Code 76570

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

Name of Employer Occupation
Girling Community Care Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
06 / 15 / 2012
Transaction ID : SA11AI.11323

Amount of Each Receipt this Period
25.00

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

Mailing Address 201 CR 326A

City Rosebud State TX Zip Code 76570

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

Name of Employer Occupation
Girling Community Care Regional Manager, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 29 / 2012
Transaction ID : SA11AI.11658

Amount of Each Receipt this Period
25.00

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 Occupation
MBS Rehab Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
06 / 07 / 2012
Transaction ID : SA11AI.11143

Amount of Each Receipt this Period
40.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : SA11AI.11495

Amount of Each Receipt this Period
 40.00

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

Mailing Address 3110 Cimmaron Road

City Weatherford State TX Zip Code 76087

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

Name of Employer TRISUN Healthcare Occupation Regional Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : SA11AI.11327

Amount of Each Receipt this Period
 25.00

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

Mailing Address 3110 Cimmaron Road

City Weatherford State TX Zip Code 76087

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

Name of Employer TRISUN Healthcare Occupation Regional Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.11662

Amount of Each Receipt this Period
 25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Lisa Roundtree
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Beauty Lane
 City Whitesboro State TX Zip Code 76273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MBS Rehab Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2012
Transaction ID : SA11Al.11158
 Amount of Each Receipt this Period
 25.00

B. Lisa Roundtree
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Beauty Lane
 City Whitesboro State TX Zip Code 76273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MBS Rehab Occupation Occupational Therapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : SA11Al.11510
 Amount of Each Receipt this Period
 25.00

C. Chris Roussos
 Full Name (Last, First, Middle Initial)
 Mailing Address 1611 W 5th St
 City Austin State TX Zip Code 78713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : SA11Al.11332
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1611 W 5th St

City Austin State TX Zip Code 78713

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

Name of Employer Harden Healthcare Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 06 / 29 / 2012
Transaction ID : SA11AI.11665

Amount of Each Receipt this Period
20.00

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

Mailing Address 1284 County Road 282

City Bertram State TX Zip Code 78605

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

Name of Employer Harden Healthcare Services Occupation Sr. Network Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 06 / 15 / 2012
Transaction ID : SA11AI.11333

Amount of Each Receipt this Period
25.00

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

Mailing Address 1284 County Road 282

City Bertram State TX Zip Code 78605

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

Name of Employer Harden Healthcare Services Occupation Sr. Network Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 06 / 29 / 2012
Transaction ID : SA11AI.11666

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kathleen M Schellhaas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2535 Grassy Spring Pl
 City Las Vegas State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : SA11AI.11335
 Amount of Each Receipt this Period
 25.00

B. Kathleen M Schellhaas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2535 Grassy Spring Pl
 City Las Vegas State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.11668
 Amount of Each Receipt this Period
 25.00

C. Rebecca Shropshire
 Full Name (Last, First, Middle Initial)
 Mailing Address 722 Craig St
 City Hillboro State TX Zip Code 76645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRISUN Healthcare Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2012
Transaction ID : SA11AI.11165
 Amount of Each Receipt this Period
 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 47
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 722 Craig St

City Hillboro	State TX	Zip Code 76645
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

Transaction ID : SA11AI.11517

Amount of Each Receipt this Period
40.00

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

Mailing Address 3804 Middle Earth Trail

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

Transaction ID : SA11AI.11342

Amount of Each Receipt this Period
25.00

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

Mailing Address 3804 Middle Earth Trail

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11AI.11672

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 991 Oak 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 ▼
550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2012
Transaction ID : SA11AI.11167

Amount of Each Receipt this Period
50.00

B. 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 ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : SA11AI.11519

Amount of Each Receipt this Period
50.00

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

Mailing Address 5315 Magdalena Dr

City Austin	State TX	Zip Code 78735
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation Finance
---------------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : SA11AI.11343

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 47
	<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. Robert E Steel
Full Name (Last, First, Middle Initial)

Mailing Address 5315 Magdalena Dr

City Austin State TX Zip Code 78735

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

Name of Employer Harden Healthcare Occupation Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11Al.11673

Amount of Each Receipt this Period
25.00

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

Mailing Address 2419 Edgecliff Path

City Georgetown State TX Zip Code 78626

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

Name of Employer TRISUN Healthcare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **539.00**

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

Transaction ID : SA11Al.11171

Amount of Each Receipt this Period
25.00

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

Mailing Address 2419 Edgecliff Path

City Georgetown State TX Zip Code 78626

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

Name of Employer TRISUN Healthcare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **564.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11Al.11523

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 47
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3208 MAIN CIRCLE WEST

City CLIFTON	State CO	Zip Code 81520
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

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

Transaction ID : SA11AI.11174

Amount of Each Receipt this Period

25.00

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

Mailing Address 3208 MAIN CIRCLE WEST

City CLIFTON	State CO	Zip Code 81520
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

Transaction ID : SA11AI.11526

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
c. Charlene Turner

Mailing Address 2101 Birdie Court

City San Angelo	State TX	Zip Code 76904
--------------------	-------------	-------------------

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

Name of Employer TRISUN Healthcare	Occupation Administrator, Regency House
---------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

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

Transaction ID : SA11AI.11177

Amount of Each Receipt this Period

25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 47
	<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. Charlene Turner

Mailing Address 2101 Birdie Court

City San Angelo State TX Zip Code 76904

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

Name of Employer TRISUN Healthcare Occupation Administrator, Regency House

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 22 / 2012
Transaction ID : SA11Al.11529

Amount of Each Receipt this Period
25.00

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

Mailing Address 629 Park Ave

City New Richmond State WI Zip Code 54017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
06 / 15 / 2012
Transaction ID : SA11Al.11351

Amount of Each Receipt this Period
25.00

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

Mailing Address 629 Park Ave

City New Richmond State WI Zip Code 54017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 29 / 2012
Transaction ID : SA11Al.11681

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 47
<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 ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

Transaction ID : SA11AI.11350

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11AI.11680

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 ▼
605.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

Transaction ID : SA11AI.11352

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional).....▶	155.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4506 Grand Cypress Drive

City Austin	State TX	Zip Code 78747
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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 ▼ **660.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11AI.11682

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)
B. Jonathon T Wilder

Mailing Address 2905 Sundance Lane

City Cantonment	State FL	Zip Code 32533
--------------------	-------------	-------------------

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

Name of Employer Girling Home Health	Occupation Regional VP
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

Transaction ID : SA11AI.11354

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
C. Jonathon T Wilder

Mailing Address 2905 Sundance Lane

City Cantonment	State FL	Zip Code 32533
--------------------	-------------	-------------------

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

Name of Employer Girling Home Health	Occupation Regional VP
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11AI.11684

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Dale E Williams

Mailing Address 1545 N CHARLES ST

City WICHITA	State KS	Zip Code 67203
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

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

Transaction ID : SA11AI.11191

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
B. Dale E Williams

Mailing Address 1545 N CHARLES ST

City WICHITA	State KS	Zip Code 67203
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

Transaction ID : SA11AI.11542

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
C. Iris B Williams

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 ▼ **550.00**

Date of Receipt

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

Transaction ID : SA11AI.11192

Amount of Each Receipt this Period

50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Iris B Williams
Full Name (Last, First, Middle Initial)

Mailing Address 3733 Locke 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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11AI.11543

Amount of Each Receipt this Period
50.00

B. 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 Vice President, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : SA11AI.11356

Amount of Each Receipt this Period
40.00

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 Vice President, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11AI.11685

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **130.00**

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

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

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

FOR LINE NUMBER: PAGE 44 OF 47
(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

A. Full Name (Last, First, Middle Initial)
Troy Adam Yarborough

Mailing Address 1703 W 5th St Ste 700

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

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

Name of Employer Harden Healthcare	Occupation Senior VP
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11AI.11687

Amount of Each Receipt this Period
50.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	5685.00

**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. BRALEY FOR CONGRESS

Mailing Address PO BOX 390

City WATERLOO State IA Zip Code 50704

Purpose of Disbursement
Political Contribution

011

Candidate Name

BRUCE L BRALEY

Category/
Type

Office Sought: House
 Senate
 President
State: IA District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2012

Transaction ID : **SB23.11692**

Amount of Each Disbursement this Period

2250.00

Full Name (Last, First, Middle Initial)

B. DEWHURST FOR TEXAS

Mailing Address 1210 SAN ANTONIO ST STE 700

City AUSTIN State TX Zip Code 78767

Purpose of Disbursement
Political Contribution

011

Candidate Name

DAVID H DEWHURST

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Runoff

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2012

Transaction ID : **SB23.11706**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DIANA DEGETTE FOR CONGRESS

Mailing Address P.O. BOX 61337

City DENVER State CO Zip Code 80206

Purpose of Disbursement
Political Contribution

011

Candidate Name

DIANA L. DEGETTE

Category/
Type

Office Sought: House
 Senate
 President
State: CO District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2012

Transaction ID : **SB23.11695**

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

9250.00

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 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. DIANE BLACK FOR CONGRESS

Mailing Address PO BOX 1437

City GALLATIN State TN Zip Code 37066

Purpose of Disbursement
Political Contribution

011

Candidate Name
DIANE L MRS. BLACK

Category/
Type

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: TN District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : SB23.11701

Amount of Each Disbursement this Period

2250.00

Full Name (Last, First, Middle Initial)

B. LONE STAR LEADERSHIP PAC

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement
Political Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : SB23.11702

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MCCASKILL FOR MISSOURI 2012

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Political Contribution

011

Candidate Name
CLAIRE MCCASKILL

Category/
Type

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MO District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : SB23.11705

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5750.00

**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. PETE SESSIONS FOR CONGRESS

Mailing Address PO BOX 823047

City DALLAS State TX Zip Code 75382

Purpose of Disbursement
Political Contribution

011

Candidate Name

PETE SESSIONS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : SB23.11698

Amount of Each Disbursement this Period

2250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2250.00

17250.00