Image# 12971438837					PAGE 1 / 47
	PORT OF F D DISBURS Other Than An Autho	EMENT	s	Office	lse Only
1. NAME OF TYP COMMITTEE (in full)	e or print ▼	Example: If typin over the lines.	ng, type	2FE4M5	
Harden Healthcare LLC F	ederal PAC				<u> </u>
ADDRESS (number and street)	703 W. 5th Street				
Check if different	uite 700				
than previously A reported. (ACC)	ustin			TX 7870	3
2. FEC IDENTIFICATION NUMB	ER V CITY	•	STA		ZIP CODE
C C00489740	3. IS 1 REF		NEW N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) 	b) Monthly Report Due On: Apr 20	(M3) (M4)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	
 July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 	PRE -Election Report for the:	Primary (12F	12C)	General (12G) Special (12S)	Runoff (12R)
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report	(d) 30-Day POST-Election Report for the:	General (300		Runoff (30R)	State of Special (30S)
L (TER)	Election				State of
5. Covering Period 06	07 / Y Y Y Y Y 07 2012	through	M M /	D D / Y Y 30 20	12
I certify that I have examined this Re Type or Print Name of Treasurer	eport and to the best of m homas Lloyd Wilson	y knowledge and I	pelief it is true,	correct and comple	ete.
Signature of Treasurer	oyd Wilson	[Electronicall	y Filed] Date		5 / <u>2012</u>
NOTE: Submission of false, erroneous,	or incomplete information n	nay subject the per-	son signing this I	Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only					FORM 3X Rev. 12/2004

07/15/2012 11 : 43

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
W	Vrite or Type Committee Name		
ŀ	Harden Healthcare LLC Federal P	AC	
R	eport Covering the Period: From:	D6 07 2012 To:	06 / D D / Y Y Y Y 06 30 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 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

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Harden Healthcare LLC Federal PAC

Report Covering the Period: From: 06		06 30 Y Y Y Y 2012 2012
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	5685.00	30329.00
(i) Itemized (use Schedule A)		7 7 7
(ii) Unitemized	2429.80	17599.50
(iii) TOTAL (add	7 7 2 7 2 0 0 0	
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
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	
All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	, , ,	, , ,
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	0.00	0.00
(b) Levin Funds (from Schedule H5)	7 7 7	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	
(0) rotal frame is (and rota) and rotb)).		0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	8114.80	47928.50
Total Fadaral Dagainta		
Total Federal Receipts	0111.00	47000 5
(subtract Line 18(c) from Line 19)►	8114.80	47928.5

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	COLUMN A	Page 4 COLUMN B
II. Disbursements	Total This Period	COLOMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	845.0
(c) Total Operating Expenditures	0.00	845.0
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party		7 7 7
Committees Contributions to	0.00	0.0
Federal Candidates/Committees and Other Political Committees	17250.00	41240.00
Independent Expenditures	0.00	0.0
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
(use Schedule F)	7 7 7	0.0
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	2.00	2.0
(b) Political Party Committees	0.00	0.0
(c) Other Political Committees		0.0
(such as PACs)	0.00	7 7 7
(d) Total Contribution Refunds	2.00	2.00
(add Lines 28(a), (b), and (c))►		
Other Disbursements	0.00	17205.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	17252.00	59292.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)►	17252.00	59292.00
		7 7

I

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	8114.80	47928.50
 Total Contribution Refunds (from Line 28(d)) 	2.00	2.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8112.80	47926.50
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	845.00
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	845.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Jeanette A Bloch Mailing Address 1211 S Gingko Ln City Andover FEC ID number of contributing federal political committee. Name of Employer Voyager Hospice Receipt For: Primary General Other (specify) ▼	State Zip Code KS 67002 C Occupation Executive Director Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 275.00	Date of Receipt
Full Name (Last, First, Middle Initial) Jeanette A Bloch Mailing Address 1211 S Gingko Ln City Andover FEC ID number of contributing federal political committee. Name of Employer Voyager Hospice Receipt For: Primary General Other (specify) ▼	State Zip Code KS 67002 C Occupation Executive Director Aggregate Year-to-Date ▼ 300.00	Date of Receipt
Full Name (Last, First, Middle Initial) Brianna B Braden Mailing Address 18821 Golddust Pass City Pflugerville FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78660 C Occupation Senior Vice President, Human Resources Aggregate Year-to-Date ▼ 1100.00	Date of Receipt 06 15 2012 Transaction ID : SA11AI.11219 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).....

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
Poppint For:	Zip Code 78660 n e President, Human Resources e Year-to-Date ▼ 1200.00	Date of Receipt
Possint For:	Zip Code 78717 • President, Finance • Year-to-Date ▼ 1100.00	Date of Receipt 06 15 2012 Transaction ID : SA11AI.11220 Amount of Each Receipt this Period 100.00
Dessint For:	Zip Code 78717 n e President, Finance e Year-to-Date ▼ 1200.00	Date of Receipt 06 29 2012 Transaction ID : SA11AI.11570 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)	•	300.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal P	AC	
A. Full Name (Last, First, Middle Initial) Richard W Breuss III Mailing Address 6175 Colt Dr		Date of Receipt
City West Des Noines	StateZip CodeIA50131	Transaction ID : SA11AI.11020 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Voyager Hospice R	ccupation egional VP ggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Richard W Breuss III Mailing Address 6175 Colt Dr City	State Zip Code	Date of Receipt
West Des Noines FEC ID number of contributing federal political committee.	IA 50131	Transaction ID : SA11AI.11383 Amount of Each Receipt this Period 50.00
Voyager Hospice R	egional VP eggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) C. Timothy R Brittingham Mailing Address 2807 S Gary Avenue		Date of Receipt
City Tulsa FEC ID number of contributing	State Zip Code OK 74114	06 13 2012 Transaction ID : SA11AI.11200 Amount of Each Receipt this Period
federal political committee.	C	60.00
Girling Community Care	egional Manager, Oklahoma ggregate Year-to-Date ▼ 660.00	
SUBTOTAL of Receipts This Page (optional)		160.00

Use separate schedule(s) for each category of the

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	y information copied from such Reports and for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC		
A.	Full Name (Last, First, Middle Initial) Timothy R Brittingham Mailing Address 2807 S Gary Avenue City Tulsa FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify)		Zip Code 74114 anager, Oklahoma Year-to-Date ▼ 720.00	Date of Receipt 06 28 2012 Transaction ID : SA11AI.11552 Amount of Each Receipt this Period 60.00
в.	Full Name (Last, First, Middle Initial) Stefanie L Cavanaugh Mailing Address 12512 Deer Falls Dr			Date of Receipt
	City Austin	State TX	Zip Code 78729	06 15 2012 Transaction ID : SA11AI.11225 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services	Occupation		200.00
	Receipt For: Primary General Other (specify) ▼	Finance Aggregate	Year-to-Date ▼ 2200.00	
с.	Full Name (Last, First, Middle Initial) Stefanie L Cavanaugh	1		Date of Receipt
	Mailing Address 12512 Deer Falls Dr City Austin FEC ID number of contributing federal political committee.	State TX	Zip Code 78729	Model Podel Yervery 29 2012 Transaction ID : SA11AI.11574 Amount of Each Receipt this Period 200.00
	Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	Occupation Finance	Year-to-Date ▼ 2400.00	
s	UBTOTAL of Receipts This Page (optional)			460.00

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		1b 4	11c	12 16	17
Any information copied from such Reports and S or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC								
Full Name (Last, First, Middle Initial) Cathi Coney Mailing Address 7207 Nine Oaks Cove City Austin FEC ID number of contributing federal political committee. Name of Employer MBS Pharmacy Receipt For: Primary General Other (specify)		Zip Code 78759 ent, Operations Year-to-Date ▼ 550.00			actio	07 n ID :	SA11AI Receipt th	nis Perioo	ý 1 0.00
Full Name (Last, First, Middle Initial) B. Cathi Coney Mailing Address 7207 Nine Oaks Cove City Austin FEC ID number of contributing federal political committee. Name of Employer MBS Pharmacy Receipt For: Primary General Other (specify) ▼		Zip Code 78759 ent, Operations Year-to-Date ▼ 600.00			/ action	22 n ID :	SA11AI. Receipt th	nis Perioo	ý 1 0.00
Full Name (Last, First, Middle Initial) Gloria R Crawford Mailing Address 6013 Forest Shadow City San Antonio FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify)	State TX C Occupation Regional D Aggregate				/ sactio	15 n ID :	SA11AI Receipt th	nis Perioo	Y J 0.00
SUBTOTAL of Receipts This Page (optional)				_				130	0.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Gloria R Crawford Mailing Address 6013 Forest Shadow City San Antonio FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78240 C Occupation Occupation Regional Director Aggregate Year-to-Date ▼ 360.00	Date of Receipt
Full Name (Last, First, Middle Initial) Lisa Lynn Cupps Mailing Address 2450 CR 253 City Comanche FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76442 C Occupation Occupation Regional Director, West Texas Aggregate Year-to-Date ▼ 550.00	Date of Receipt
Full Name (Last, First, Middle Initial) Lisa Lynn Cupps Mailing Address 2450 CR 253 City Comanche FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76442 C Occupation Occupation Regional Director, West Texas Aggregate Year-to-Date ▼ 600.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		130.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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	ny information copied from such Reports and St for commercial purposes, other than using the											
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal											
Α.	Full Name (Last, First, Middle Initial) Wendy L Day					Date o	f Re	ceipt				
	Mailing Address 4809 Sinclair Ave					06		07		ү 20	۲ 12	
	City	State	Zip Code			Trans	sacti	ion ID	SA11AI.	1104	0	_
	Austin	ТХ	78756			Amoun	t of	Each I	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С						,			50.0	0
	Name of Employer	Occupation										
	TRISUN Healthcare	Administrato	or									
	Receipt For:	Aggregate	Year-to-Date 🔻	7								
	Primary General Other (specify) ▼		7 7 7	550.00								
в.	Full Name (Last, First, Middle Initial) Wendy L Day					Date o	f Re	ceipt				
	Mailing Address 4809 Sinclair Ave					м м 06	/	22		201		
	City	State	Zip Code			Trans	sacti	on ID :	SA11AI.	1140	3	
	Austin	TX	78756			Amoun	t of	Each I	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С						,	7		50.0	0
	Name of Employer TRISUN Healthcare	Occupation Administrato	ır									
	Receipt For:	Aggregate	Year-to-Date 🔻	,								
	Primary General Other (specify) ▼		^	600.00								
С.	Full Name (Last, First, Middle Initial) James Wayne Douglas					Date o	f Re	ceipt				
	Mailing Address 4701 Circle Oak Cove					м м 06		15		201		ſ
	City	State	Zip Code				sact		: SA11AI.			
	Austin	ТΧ	78749						Receipt th			
	FEC ID number of contributing federal political committee.	С						,	7		100.0	00
	Name of Employer	Occupation										
	Girling Community Care	President										
	Receipt For:	Aggregate	Year-to-Date 🔻	,								
	Primary General Other (specify) ▼		7 7	1100.00	D							
s	UBTOTAL of Receipts This Page (optional)				🕨			,			200.0	0

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TEMIZED RECEIPTS	Detailed Summary Page	$ X ^{11a} 1b 1c 12 $
Any information copied from such Reports and s or for commercial purposes, other than using the	I Statements may not be sold or used by a e name and address of any political comr	13 14 15 16 17 any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC	
Full Name (Last, First, Middle Initial) James Wayne Douglas Mailing Address 4701 Circle Oak Cove City Austin FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78749 C Occupation President Aggregate Year-to-Date ▼ 1200.00 1200.00	Date of Receipt Date of Receipt Dep / Per 29 2012 Transaction ID : SA11AI.11586 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Mark Duncan Mailing Address 799 W Bartlett		Date of Receipt
City Buda FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For:	State Zip Code TX 78610 C Occupation Vice President, Operations, North Aggregate Year-to-Date ▼	Transaction ID : SA11AI.11241 Amount of Each Receipt this Period 75.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Mark Duncan	825.00	Date of Receipt
Mailing Address 799 W Bartlett City Buda FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78610 C Occupation Vice President, Operations, North Aggregate Year-to-Date ▼ 900.00	Mmm / 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).....

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page				11b		11c	12	—	17
Any information copied from such Reports and Sta or for commercial purposes, other than using the						pose (oliciting	contrib		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	-	·									
Full Name (Last, First, Middle Initial) Dianne B Edwards Mailing Address 6600 Lands End City Fort Worth FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76116 C Occupation Nurse Consultant Aggregate Year-to-Date	275.00			/ sact	ion ID	15 D : S/	/ Y A11AI. ceipt th	2012 11243 is Period		
Full Name (Last, First, Middle Initial) Dianne B Edwards Mailing Address 6600 Lands End City Fort Worth FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76116 C Occupation Nurse Consultant Aggregate Year-to-Date	300.00			/ acti	ion ID	29): SA	/ Y A11AL. ceipt th	is Perio	y J 5.00	
Full Name (Last, First, Middle Initial) C. Scott Ellyson Mailing Address 824 Stonewall Ridge City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78746 C Occupation Chief Financial Officer Aggregate Year-to-Date	1100.00			/ sact	tion ID	15 D : S	A11AI.	is Perio	_	
SUBTOTAL of Receipts This Page (optional)		••••••				7		3	150	0.00	

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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ITEMIZED RECEIPTS		Detailed Summary Page		11a 13		11b 14	11c		12 16	17
Any information copied from such Reports and S or for commercial purposes, other than using the				for the		oose o	f soliciting	g con	tributi	ons
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	I PAC									
Full Name (Last, First, Middle Initial) Scott Ellyson Mailing Address 824 Stonewall Ridge City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State TX C Occupation Chief Financ Aggregate				/ acti	29		20 .1159	1	Y D0
Full Name (Last, First, Middle Initial) B. Bradford W Evans Mailing Address 400 E Red Bridge City Kansas City FEC ID number of contributing federal political committee. Name of Employer Hospice Care of Kansas Receipt For: Primary General Other (specify) ▼	State MO C Occupation Director Aggregate	Zip Code 67131 Year-to-Date ▼ 550.00			/ acti	07 07			8	Y 00
Full Name (Last, First, Middle Initial) Bradford W Evans Mailing Address 400 E Red Bridge City Kansas City FEC ID number of contributing federal political committee. Name of Employer Hospice Care of Kansas Receipt For: Primary General Other (specify)	State MO C Occupation Director Aggregate	Zip Code 67131 Year-to-Date ▼ 600.00			/ sact	22 ion ID			12 1	У 00
SUBTOTAL of Receipts This Page (optional)			• -			,	- 7	-	200.0)0

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal		
Full Name (Last, First, Middle Initial) Patricia A (Tricia) Fox Mailing Address P O Box 190 City Florence FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76527 C Occupation Vice President, Rehab Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 550.00	Date of Receipt
Full Name (Last, First, Middle Initial) Patricia A (Tricia) Fox Mailing Address P O Box 190 City Florence FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76527 C Occupation Occupation Vice President, Rehab Aggregate Year-to-Date ▼ 600.00	Date of Receipt
Full Name (Last, First, Middle Initial) Lori Don McNamee Gregory Mailing Address 555 E 5th St #2819 City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78703 C Occupation Occupation C Chief Compliance Officer Aggregate Year-to-Date ▼ 275.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		125.00

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page				11b 14	11c	12	17									
Any information copied from such Reports and or for commercial purposes, other than using t						pose c	of solicitin	g contrib	outions									
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	ral PAC																	
Full Name (Last, First, Middle Initial) A. Lori Don McNamee Gregory Mailing Address 555 E 5th St #2819 City	State	Date of Receipt																
Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify)		78703 bliance Officer Year-to-Date ▼ 300.00	í	Amoun	it of	Each	Receipt t		d 25.00									
B. Full Name (Last, First, Middle Initial) Mailing Address 2201 North 25 and 1/2 Stree	et	t State Zip Code				Date of Receipt												
City McAllen FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	TX C Occupation Branch Dire	78501		Trans		ion ID		.11264 his Perio	d 15.00									
C. Full Name (Last, First, Middle Initial) Mailing Address 6480 CR 321	Zip Code		Date o 06 Tran		D		2012	Y										
Blanket FEC ID number of contributing federal political committee. Name of Employer Lighthouse Hospice Receipt For: Primary General Other (specify) ▼	State TX C Occupation Administrat Aggregate	76432					Receipt t	his Perio	d 25.00									
SUBTOTAL of Receipts This Page (optional).						3		7	5.00									

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Elaine Hall Mailing Address 6480 CR 321 City Blanket FEC ID number of contributing federal political committee. Name of Employer Lighthouse Hospice Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76432 C C Occupation C Administrator Aggregate Year-to-Date ▼ 300.00 300.00	Date of Receipt
Full Name (Last, First, Middle Initial) Benjamin Hanson Mailing Address 2211 Sunny Slope Drive City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78703 C Occupation Sr Vice President & General Counsel Aggregate Year-to-Date ▼ 2200.00	Date of Receipt
Full Name (Last, First, Middle Initial) Benjamin Hanson Mailing Address 2211 Sunny Slope Drive City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78703 C Occupation Sr Vice President & General Counsel Aggregate Year-to-Date ▼ 2400.00	Date of Receipt 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)......

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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		Detailed Summary Page				11b 14	11c		12 16	1	17
Any information copied from such Reports and S or for commercial purposes, other than using the						pose o	f soliciting		ntribut	tions	
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC										
Full Name (Last, First, Middle Initial) A. Eric J Hansum Mailing Address 3005 Chantelaine Dr City Austin FEC ID number of contributing	State TX	Zip Code 78746			/ acti	15 ion ID		20 .112		Y	_
federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	C Occupation Legal Aggregate	Year-to-Date ▼ 550.00]			æ		_	50	.00	
Full Name (Last, First, Middle Initial) B. Eric J Hansum Mailing Address 3005 Chantelaine Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify)	State TX C Occupation Legal Aggregate	Zip Code 78746 Year-to-Date ▼ 600.00			/ acti	29 on ID :		.1160		.00]
Other (specify) ▼ Full Name (Last, First, Middle Initial) Robin J Hayes Mailing Address 6112 Jumano Lane City Austin FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼		Zip Code 78749			/ act	15 ion ID		20 . 112	Period	Ý .00]
SUBTOTAL of Receipts This Page (optional)			•			,			150.	00	

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Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	17
	n such Reports and Statements m , other than using the name and		person for the	e purpose d	of soliciting	contribut	tions
NAME OF COMMITTEE	(In Full) are LLC Federal PAC						
Full Name (Last, First, M Robin J Hayes Mailing Address 6112 Ju City Austin FEC ID number of contr federal political committee Name of Employer TRISUN Healthcare Receipt For: Primary	imano Lane State TX ibuting ee. Occupatio Vice Presid	Zip Code 78749 n dent, Professional Services e Year-to-Date ▼	06 Tran			Period	.00
Cther (specify) ▼ Full Name (Last, First, N	/liddle Initial)	600.00					
B. Tina Hilmas Mailing Address 494 Col		7.0.1	06	2		y y 2012	Y
City Rolla	State MO	Zip Code 65401			: SA11AI.11		
FEC ID number of contr federal political committee	ibuting	00401	Amou	nt of Each	Receipt this	25.	.00
Name of Employer Girling Community Care	Occupatio Director of						
Receipt For: Primary 0 Other (specify) ▼	General	e Year-to-Date ▼ 325.00]				
Full Name (Last, First, M C. Chelsea M Holde			Date	of Receipt			
Mailing Address 4000 D			м 06			y y 2012	Y
City Austin	State TX	Zip Code 78746			: SA11AI.1 Receipt this		
FEC ID number of contr federal political committe	5					25	.00
Name of Employer	Occupatio	n					
Harden Healthcare Servi	ces Governme	nt Relations Liaison					
Receipt For: Primary 0 Other (specify) ▼	General Aggregate	e Year-to-Date ▼ 275.00]				
SUBTOTAL of Receipts T	his Page (optional)				7	100.	00

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17
Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal F	PAC								
Harden Healthcare Services		Zip Code 78746 Relations Liaison Year-to-Date ▼ 300.00			/ acti	29 ion ID	: SA11AI	his Period	d 5.00
TRISUN Healthcare	State TX C Dccupation Director of N Aggregate	Zip Code 76542 Iursing Year-to-Date ▼ 290.00			/ acti	07	: SA11AI	his Period	d 0.00
TRISUN Healthcare	State TX C Deccupation Director of N Aggregate N	Zip Code 76542 Aursing Year-to-Date ▼ 330.00			/ sact	22 ion ID	2 : SA11AI	his Period	d 0.00
SUBTOTAL of Receipts This Page (optional)		▶				,	- 7	105	5.00

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12 16	17
Any information copied from such Reports and S or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC								
Full Name (Last, First, Middle Initial) Kelly Ann Jalowiec Mailing Address 1410 W Fillmore St City Chicago FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼		Zip Code 60607 ent, Operations Year-to-Date ▼ 825.00			actio	15 15	SA11AI Receipt tl	nis Period	d 5.00
Full Name (Last, First, Middle Initial) Kelly Ann Jalowiec Mailing Address 1410 W Fillmore St City Chicago FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼		Zip Code 60607 ent, Operations Year-to-Date ▼ 900.00			/ actio	29 n ID :	SA11AI. Receipt ti	nis Period	d 5.00
Full Name (Last, First, Middle Initial) Lakishia Lanette Jawdjee Mailing Address 5735 Tioger Lilly Way City Houston FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State TX C Occupation Regional D Aggregate				actio	15 0n ID	SA11AI Receipt th	nis Perio	y d 5.00
SUBTOTAL of Receipts This Page (optional)				_				175	5.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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TEMIZED RECEIPTS	Detailed Summary P	Page X 11a 11b 11c 12
Any information copied from such Reports and s or for commercial purposes, other than using th	I Statements may not be sold or used I e name and address of any political of	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC	
Full Name (Last, First, Middle Initial) Lakishia Lanette Jawdjee Mailing Address 5735 Tioger Lilly Way City Houston FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State Zip Code TX 77085 C Occupation Regional Director Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 30	Date of Receipt Transaction ID : SA11AI.11622 Amount of Each Receipt this Period 25.00 00.00
Full Name (Last, First, Middle Initial) B. Brenda Kaden Mailing Address 13601 CR 7160		Date of Receipt
City Rolla	State Zip Code MO 65401	Transaction ID : SA11AI.11363 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For:	C Occupation Regional Director Aggregate Year-to-Date ▼	25.00
Full Name (Last, First, Middle Initial) C. Cindy K Keim		Date of Receipt
Mailing Address 11512 Ballentine St		06 07 2012
City Overland Park	StateZip CodeKS66210	Transaction ID : SA11AI.11085 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
Hospice Care of Kansas Receipt For: Primary General Other (specify) ▼	Regional Vice President Aggregate Year-to-Date ▼	50.00
SUBTOTAL of Receipts This Page (optional)		

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

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	nd Statements may not be sold or used by any the name and address of any political committ	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	eral PAC	
Full Name (Last, First, Middle Initial) Diane Kenyon Mailing Address 285 E Summit Dr City Wimberley FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78676 C Occupation Senior Vice President, IT Aggregate Year-to-Date ▼ 1375.00	Date of Receipt
Full Name (Last, First, Middle Initial) Diane Kenyon Mailing Address 285 E Summit Dr City Wimberley	State Zip Code TX 78676	Date of Receipt 06 29 2012 Transaction ID : SA11AI.11627 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	C Occupation Senior Vice President, IT Aggregate Year-to-Date ▼ 1500.00	125.00
Full Name (Last, First, Middle Initial) C. Kimberly A Layton Mailing Address 9513 Prescott Drive City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78748 C Occupation President, Leadership Development Inst Aggregate Year-to-Date ▼ 1100.00	Date of Receipt 06 / 15 / 2012 Transaction ID : SA11AI.11290 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optiona)	350.00

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17
Any information copied from such Reports and St or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC								
Full Name (Last, First, Middle Initial) Kimberly A Layton Mailing Address 9513 Prescott Drive City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼		Zip Code 78748 Leadership Development Inst Year-to-Date ▼ 1200.00			/ sacti	29 ion ID	: SA11AI	his Period	d 0.00
Full Name (Last, First, Middle Initial) George Ledbetter Mailing Address 1620 Elderhill Road City Driftwood FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State TX C Occupation General Ma Aggregate				/ acti	15 on ID	SA11AI	his Period	d 0.00
Full Name (Last, First, Middle Initial) George Ledbetter Mailing Address 1620 Elderhill Road City Driftwood FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State TX C Occupation General Ma Aggregate				/ sacti	29 ion ID	: SA11A	his Period	d 0.00
SUBTOTAL of Receipts This Page (optional)						,	- 7	200	0.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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\rangle	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal												
Α.	Full Name (Last, First, Middle Initial) Debra Lietz					D	Date o	f Re	eceipt				
	Mailing Address 210 W Wincrest St					[м м	/	07			12	
	City	State	Zip Code		-		Trans	sact	ion ID	: SA11AI	.1109	94	
	Frederickburg	ТХ	78624			A	moun	t of	Each	Receipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С							7			10.0	00
	Name of Employer	Occupation											
	Windcrest Nursing and Rehab	Administrato	r										
	Receipt For:	Aggregate V	Year-to-Date 🔻	,									
	Primary General Other (specify) ▼		7 7	210.00	D								
в.	Full Name (Last, First, Middle Initial) Debra Lietz					C	Date o	f Re	eceipt				
	Mailing Address 210 W Wincrest St					1	м м 06	/	22		20		
	City	State	Zip Code				Trans	sacti	ion ID	: SA11AI.	1145	1	
	Frederickburg	ТХ	78624			А	moun	t of	Each	Receipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С							7			10.0	0
	Name of Employer	Occupation											
	Windcrest Nursing and Rehab	Administrato	r										
	Receipt For:	Aggregate V	Year-to-Date 🔻	,									
	Primary General Other (specify) ▼		, ,	220.00)								
	Full Name (Last, First, Middle Initial)						Date o	f Re	eceint				
	Mailing Address 901 W 9th St #316					Ī	м м 06		1:		Y 20		ſ
	City	State	Zip Code			1		sact		: SA11AI			
	Austin	ТΧ	78703		F	Δ				Receipt th			
	FEC ID number of contributing federal political committee.	С					anoun		1	1		20.0	00
	Name of Employer	Occupation											
	Harden Healthcare	Government	Relations										
	Receipt For:		Year-to-Date ▼	,									
	Primary General	, iggi egale			-								
	Other (specify)		7 7	220.00	0								
s	UBTOTAL of Receipts This Page (optional)				►	[7			40.0	0
-						- 12							

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and St or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal		
Full Name (Last, First, Middle Initial) Lewis W Little Mailing Address 901 W 9th St #316 City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78703 C Occupation Occupation Government Relations Aggregate Year-to-Date ▼ 240.00	Date of Receipt
Full Name (Last, First, Middle Initial) Maria A MacKeil Mailing Address 8820 Colberg Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78749 C Occupation Director of Internal Audit Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial) Maria A MacKeil Mailing Address 8820 Colberg Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78749 C Occupation Director of Internal Audit Aggregate Year-to-Date ▼ 600.00 600.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		120.00

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

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	al PAC		
Full Name (Last, First, Middle Initial) Victoria Palm Mailing Address 3507 Abrazo City San Antonio FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼		Zip Code 78247 ice President Year-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Victoria Palm Mailing Address 3507 Abrazo City San Antonio FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼		Zip Code 78247 ce President Year-to-Date ▼ 275.00	Date of Receipt 06 22 2012 Transaction ID : SA11AI.11485 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) William B Parrish Mailing Address 3200 Wild Canyon Loop City Austin FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼		Zip Code 78732 Nent of Finance Year-to-Date ▼ 550.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional).			100.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	I PAC	
Full Name (Last, First, Middle Initial) William B Parrish Mailing Address 3200 Wild Canyon Loop City Austin FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78732 C Occupation Vice President of Finance Aggregate Year-to-Date ▼ 600.00	Date of Receipt
Full Name (Last, First, Middle Initial) Mark Pinckard Mailing Address 2913 Richfield Landing City Pflugerville FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78660 C C Occupation C Financial Analyst Aggregate Year-to-Date ▼ 275.00 275.00	Date of Receipt
Full Name (Last, First, Middle Initial) Mark Pinckard Mailing Address 2913 Richfield Landing City Pflugerville FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78660 C Occupation Financial Analyst Aggregate Year-to-Date ▼ 300.00 300.00	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

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ITEMIZED RECEIPTS	for each category of Detailed Summary		X 11a		11b	11c	12	
Any information copied from such Reports and Sta or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal								
Full Name (Last, First, Middle Initial) Robin A Polk Mailing Address 201 CR 326A City Rosebud FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76570 C C Occupation Regional Manager, Compliance Aggregate Year-to-Date ▼ 2	275.00	06 Trai	M Isac	1 tion ID	5 2: SA11AI Receipt th	nis Perio	
Full Name (Last, First, Middle Initial) Robin A Polk Mailing Address 201 CR 326A City Rosebud FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76570 C Occupation Regional Manager, Compliance Aggregate Year-to-Date ▼	300.00	06 Trar	[™] Isac	2 tion ID	9 / Y SA11AI Receipt th	nis Perio	d 5.00
Full Name (Last, First, Middle Initial) Shanni F Ponce Mailing Address 2818 Fountain Grove Cove City Round Rock FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78665 C Occupation Senior Vice President Aggregate Year-to-Date ▼	440.00	06 Tra	™	ction ID); SA11AI Receipt tl	nis Perio	_
SUBTOTAL of Receipts This Page (optional)		····· >		-	7	7	90	0.00

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Any information copied from such Reports and Sta or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) A. Shanni F Ponce Mailing Address 2818 Fountain Grove Cove City Round Rock FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78665 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 480.00	Date of Receipt
Full Name (Last, First, Middle Initial) Jeanette Reinert Mailing Address 3110 Cimmaron Road City Weatherford FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76087 C Occupation Regional Manager Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 275.00	Date of Receipt
Full Name (Last, First, Middle Initial) Jeanette Reinert Mailing Address 3110 Cimmaron Road City Weatherford FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76087 C Occupation Regional Manager Aggregate Year-to-Date ▼ 300.00 300.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		90.00

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

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Sta or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal		
Full Name (Last, First, Middle Initial) Lisa Roundtree Mailing Address 408 Beauty Lane City Whitesboro FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76273 C Occupation Occupational Therapist Aggregate Year-to-Date ▼ 275.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Lisa Roundtree Mailing Address 408 Beauty Lane City Whitesboro FEC ID number of contributing federal political committee. Name of Employer MBS Rehab	State Zip Code TX 76273 C Occupation Occupational Therapist	Date of Receipt 06 22 2012 Transaction ID : SA11AI.11510 Amount of Each Receipt this Period 25.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial) C. Chris Roussos Mailing Address 1611 W 5th St City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General	State Zip Code TX 78713 C Occupation CFO Aggregate Year-to-Date ▼	Date of Receipt
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	220.00	► 70.00

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

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SCHEDULE A	(FEC Form 3X)
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	y information copied from such Reports and Sta for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	Harden Healthcare LLC Federal	PAC										
Α.	Full Name (Last, First, Middle Initial) Chris Roussos				Date of	Re	eceipt					
	Mailing Address 1611 W 5th St				м м 06	1	29			012	Y	
	City	State	Zip Code		Trans	acti	ion ID	: SA11AI	.116	65		
	Austin	ТХ	78713		Amount	t of	Each I	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					7		_	20.	00	
	Name of Employer	Occupation		-								
	Harden Healthcare	CFO										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	7.99.094.0										
	Other (specify) v	L	240.00									
B.	Full Name (Last, First, Middle Initial) Kelly Rowe				Date of	Re	eceipt					
	Mailing Address 1284 County Road 282				M M	/	D	D / Y	Y	Y	Y	
	· · · · · · · · · · · · · · · · · · ·				06		15		_20	012		
	City	State	Zip Code		Trans	acti	ion ID :	: SA11AI.	.113:	33		
	Bertram	ТΧ	78605		Amount	t of	Each I	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					7		_	25.	00	
	Name of Employer	Occupation		-								
	Harden Healthcare Services	Sr. Network	Administrator									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	, iggi oguto										
	Other (specify) ▼	L	275.00									
c.	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt					
	Mailing Address 1284 County Road 282				м м 06	/	29)12	Y	
	City	State	Zip Code		Trans	act	ion ID	: SA11AI	.116	66		
	Bertram	ΤX	78605		Amount	t of	Each I	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					7		_	25.	00	
	Name of Employer	Occupation		-								
	Harden Healthcare Services	Sr. Network	Administrator									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)		300.00									
s	UBTOTAL of Receipts This Page (optional)		••••••				, .			70.0	00	
									-	1.00		

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal P	AC	
Name of Employer C Harden Healthcare B	State Zip Code NV 89135 C Image: Constraint of the second	Date of Receipt
Name of Employer C Harden Healthcare B	State Zip Code NV 89135 C C C C C C C C C C C C C C C C C C C	Date of Receipt
Name of Employer C TRISUN Healthcare A	State Zip Code TX 76645 C C C C C C C C C C C C C C C C C C C	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		90.00

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

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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal		
Full Name (Last, First, Middle Initial) Rebecca Shropshire Mailing Address 722 Craig St City Hillboro FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76645 C Occupation Administrator Aggregate Year-to-Date ▼ 480.00 480.00	Date of Receipt
Llevelan Lleveltheann Comisses	State Zip Code TX 78739 C Occupation Occupation Controller Aggregate Year-to-Date ▼ 275.00	Date of Receipt
	State Zip Code TX 78739 C Occupation Occupation Controller Aggregate Year-to-Date ▼ 300.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		90.00

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PAGE 36 OF

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Si or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal		
Full Name (Last, First, Middle Initial) Juli Simmang Mailing Address 991 Oak Ridge City Shertz FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78154 C Occupation Director of Clinical Services Aggregate Year-to-Date ▼ 550.00	Date of Receipt 06 07 2012 Transaction ID : SA11AI.11167 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Juli Simmang Mailing Address 991 Oak Ridge City Shertz	State Zip Code TX 78154	Date of Receipt 06 22 2012 Transaction ID : SA11AI.11519 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For:	C Occupation Director of Clinical Services Aggregate Year-to-Date ▼ 600.00	50.00
Full Name (Last, First, Middle Initial) Robert E Steel Mailing Address 5315 Magdelena Dr City	State Zip Code	Date of Receipt 06 / 15 / 2012 Transaction ID : SA11AI.11343
Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	TX 78735 C Occupation Finance Aggregate Year-to-Date ▼ 275.00	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		▶ 125.00

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Any information copied from such Reports and St or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Robert E Steel Mailing Address 5315 Magdelena Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78735 C Occupation Finance Aggregate Year-to-Date ▼ 300.00 7	Date of Receipt 06 29 2012 Transaction ID : SA11AI.11673 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Kenneth Stribling Mailing Address 2419 Edgecliff Path City Georgetown FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78626 C Occupation Administrator Aggregate Year-to-Date ▼ 539.00 539.00	Date of Receipt 06 07 2012 Transaction ID : SA11AI.11171 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Kenneth Stribling Mailing Address 2419 Edgecliff Path City Georgetown FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78626 C Occupation Administrator Aggregate Year-to-Date ▼ 564.00	Date of Receipt 06 22 2012 Transaction ID : SA11AI.11523 Amount of Each Receipt this Period 25.00
SUBTOTAL of Receipts This Page (optional)		▶ 75.00

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		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	al PAC		
Full Name (Last, First, Middle Initial) A. Nancy A Taylor Mailing Address 3208 MAIN CIRCLE WEST City	State	Zip Code	Date of Receipt
CLIFTON	CO	81520	Transaction ID : SA11AI.11174 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation		
Voyager Hospice	Clinical Mar	nager	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00]
Full Name (Last, First, Middle Initial) B. Nancy A Taylor			Date of Receipt
Mailing Address 3208 MAIN CIRCLE WEST	21.1		06 / D D / Y Y Y Y 2012
City CLIFTON	State CO	Zip Code 81520	Transaction ID : SA11AI.11526
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer Voyager Hospice	Occupation Clinical Mar		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial) C. Charlene Turner			Date of Receipt
Mailing Address 2101 Birdie Court			M M / D D / Y Y Y Y 06 07 2012
City San Angelo	State TX	Zip Code 76904	Transaction ID : SA11AI.11177 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer	Occupation	I	-
TRISUN Healthcare	Administrat	or, Regency House	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]
SUBTOTAL of Receipts This Page (optional)			75.00

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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Charlene Turner Mailing Address 2101 Birdie Court City San Angelo FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76904 C Occupation Administrator, Regency House Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Julie Vandre Mailing Address 629 Park Ave City New Richmond FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Code WI 54017 C Occupation Occupation Vice President of Quality & Compliance Aggregate Year-to-Date ▼ 275.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Julie Vandre Mailing Address 629 Park Ave City New Richmond FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Code WI 54017 C Occupation Vice President of Quality & Compliance Aggregate Year-to-Date ▼ 300.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 75.00

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Any information copied from such Reports and or for commercial purposes, other than using t				for the	purpo	ose of	f soliciting	contribu	tions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	ral PAC								
Full Name (Last, First, Middle Initial) A. Ronda Van Meter Mailing Address 253 LCR 405 City Mexia FEC ID number of contributing federal political committee.	State TX	Zip Code 76667			saction	15 n ID :		iis Period	
Name of Employer Girling Home Health Receipt For: Primary General Other (specify)		ice President Year-to-Date ▼ 550.00]						
Full Name (Last, First, Middle Initial) B. Ronda Van Meter Mailing Address 253 LCR 405 City Mexia	State TX	Zip Code 76667			saction	29 n ID :			Y
FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For:		ce President Year-to-Date ▼ 600.00]				1.15	50	.00
C. Full Name (Last, First, Middle Initial) Mailing Address 4506 Grand Cypress Drive				Date o		eipt 15		y y 2012	Y
City Austin FEC ID number of contributing federal political committee.	State TX	Zip Code 78747					: SA11AI. Receipt th	11352 iis Period	5.00
Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼		ice President Year-to-Date ▼ 605.00]						
SUBTOTAL of Receipts This Page (optional).			•		,			155	.00

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47

ITEMIZED RECEIPTS		category of the Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC		
Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt Mailing Address 4506 Grand Cypress Drive City Austin FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State Zip Con TX 78747 C Occupation Regional Vice Presiden Aggregate Year-to-Date	t	Date of Receipt 06 29 2012 Transaction ID : SA11AI.11682 Amount of Each Receipt this Period 55.00
Full Name (Last, First, Middle Initial) Jonathon T Wilder Mailing Address 2905 Sundance Lane City Cantonment FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Con FL 32533 C Occupation Regional VP Aggregate Year-to-Date		Date of Receipt 06 15 2012 Transaction ID : SA11AI.11354 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Jonathon T Wilder Mailing Address 2905 Sundance Lane City Cantonment FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Co FL 32533 C Occupation Regional VP Aggregate Year-to-Date		Date of Receipt
SUBTOTAL of Receipts This Page (optional)			105.00

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Use separate schedule(s) for each category of the

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47

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and Sta or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal		
Full Name (Last, First, Middle Initial) Dale E Williams Mailing Address 1545 N CHARLES ST City WICHITA FEC ID number of contributing federal political committee. Name of Employer Hospice Care of Kansas Receipt For: Primary General Other (specify) ▼	State Zip Code KS 67203 C Occupation Executive Director Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 275.00	Date of Receipt 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 FEC ID number of contributing federal political committee. Name of Employer Hospice Care of Kansas Receipt For: Primary General Other (specify) ▼	State Zip Code KS 67203 C Occupation Executive Director Aggregate Year-to-Date ▼ 300.00	Date of Receipt 06 22 2012 Transaction ID : SA11AI.11542 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Iris B Williams Mailing Address 3733 Locke Lane City Corpus Christi FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78415 C Occupation Director of Operations Aggregate Year-to-Date ▼ 550.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 100.00

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Use separate schedule(s) for each category of the

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	y information copied from such Reports and S for commercial purposes, other than using the					or the		oose o	f soliciting	contrik	outic	ons	_		
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	I PAC													
Α.	Full Name (Last, First, Middle Initial) Iris B Williams					Date of	Re								
	Mailing Address 3733 Locke Lane	State	Zip Code			м м 06		22		2012					
	Corpus Christi	TX	78415						: SA11AI. Receipt th				-		
	FEC ID number of contributing federal political committee.	С]		induni	. 01	,			50.0	0			
	Name of Employer	Occupation			1										
	MBS Rehab	Director of (Operations												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		600	0.00											
в.	Full Name (Last, First, Middle Initial) Thomas Lloyd Wilson					Date of	Re	ceipt							
	Mailing Address 1703 W. 5th St Ste 700				06 15 2012										
	City	State	Zip Code			Trans	acti	on ID :	SA11AL	11356			_		
	Austin	TX	78703	_	A	mount	t of	Each F	Receipt th	is Perio	bd				
	FEC ID number of contributing federal political committee.	С					_	7	7	4	40.0	0			
	Name of Employer Harden Healthcare	Occupation Vice Preside	ent, Public Affairs												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440	0.00											
С.	Full Name (Last, First, Middle Initial) Thomas Lloyd Wilson					Date of	Re	ceipt					_		
	Mailing Address 1703 W. 5th St Ste 700					м м 06	/	D 29		2012					
	City Austin	State TX	Zip Code 78703		A				: SA11AI. Receipt th		bc		_		
	FEC ID number of contributing federal political committee.	С]				7			40.0	00			
	Name of Employer	Occupation			-										
	Harden Healthcare	Vice Presid	ent, Public Affairs												
	Receipt For:	Aggregate	Year-to-Date ▼												
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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••			Detailed Summary Page		< 11a 13		11b	11c		12 16	17				
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$\left\langle \right\rangle$	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 FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State TX C Occupation Senior VP Aggregate	Zip Code 78703 Year-to-Date ▼ 220.00		06 Tran	sac			2 1.116		.00				
В.	Full Name (Last, First, Middle Initial) Mailing Address			_	Date o	of R	eceipt	ר / ם	/ - Y	Ý	Y				
	City	State	Zip Code		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee. Name of Employer	Occupation		_	L				_						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V												
C.	Full Name (Last, First, Middle Initial)				Date of	of R	eceipt								
	Mailing Address City	State	Zip Code	_	M	Л	/ D		Ý	Ŷ	Y				
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\square	NAME OF COMMITTEE (In Full)															
	Harden Healthcare LLC Federal P/	AC														
_	Full Name (Last, First, Middle Initial)					- 										
А.	BRALEY FOR CONGRESS							ate of	Dis /				·	Y		
	Mailing Address PO BOX 390			0 <u>6</u>	/	1	18			012	Ŷ					
	City S WATERLOO		Transaction ID : SB23.11692													
	Purpose of Disbursement Political Contribution				11		Amount of Each Disburgement this Period									
	Candidate Name			_			Amount of Each Disbursement this Period									
	BRUCE L BRALEY			Cate Ty	egoi ype	ry/	2250.00									
	Senate President	Diffice Sought: X House Disbursement For: 2012 Senate Primary X General														
	State: IA District: 01															
В.	Full Name (Last, First, Middle Initial) DEWHURST FOR TEXAS				Date of Disbursement											
	Mailing Address 1210 SAN ANTONIO ST STE 700						06 / 22 / 2012									
	AUSTIN	State TX	Zip Code 78767				Transaction ID : SB23.11706									
	Purpose of Disbursement Political Contribution			0)11		Amount of Each Disbursement this Per						Period			
	Candidate Name DAVID H DEWHURST			Cate			5000.00									
		nent For:	2012	ly	ype					7		7		_		
	X Senate	Primary	General													
		Other (sp	ecify) 🔻													
_	State: TX District: 00		Runoff													
C.	Full Name (Last, First, Middle Initial) DIANA DEGETTE FOR CONGRES	SS					D	ate of	Dis	sburse	en	nent				
	Mailing Address P.O. BOX 61337							06	/	D 1	8			012	Y	
	5	State CO	Zip Code 80206					Trans	act	ion IE):	SB23.1	169	5		
	Purpose of Disbursement Political Contribution			4.4												
	Candidate Name			11		A	mount	of	Each	D	Disburse	men	t this	Period		
	DIANA L. DEGETTE		Cate Ty	ego: ype		2000.00										
	Senate President	nent For: Primary Other (sp	General							,						
	State: CO District: 01								_	_		_	_			
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T	OTAL This Period (last page this line number only)									,						

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	y information copied from such Reports and Stater for commercial purposes, other than using the nan					per		for the		pose		soliciti	ng co	ontribu	itions	.~			
\square	NAME OF COMMITTEE (In Full)																		
	Harden Healthcare LLC Federal P	AC																	
_	Full Name (Last, First, Middle Initial)		Data	4 D:		_													
А.	DIANE BLACK FOR CONGRESS						Date of Disbursement												
	Mailing Address PO BOX 1437							06 / D D / Y Y Y Y 06 18 2012											
	City S GALLATIN	State TN	Zip Code 37066				Transaction ID : SB23.11701												
	Purpose of Disbursement			-	-	-													
	Political Contribution			0	11		Amount of Each Disbursement this Period												
	Candidate Name			Cate		ry/		2250.00											
	DIANE L MRS. BLACK	ment For:	0010	Ty	/pe		2250.00												
	Senate	Primary	2012 General																
	President	Other (spe																	
	State: TN District: 06		•																
_	Full Name (Last, First, Middle Initial)																		
В.	LONE STAR LEADERSHIP PAC						Date of Disbursement												
	Mailing Address PO BOX 30844																		
	Mailing Address PO BOX 30844							00		-	10		2	.012	_				
	5	State MD	Zip Code				Transaction ID : SB23.11702												
	BETHESDA Purpose of Disbursement	ND	20824			_	-												
	Political Contribution			C)11			Amount of Each Disbursement this Period											
	Candidate Name			Cate	egor	ry/													
					/pe			<u> </u>		7	-			250	0.00				
	Office Sought: House Disburser			General															
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	State: District:	Other (spe	city) 🔻																
_	Full Name (Last, First, Middle Initial)																		
C.	MCCASKILL FOR MISSOURI 201	2						Date o	f Dis	sburse	en	nent							
								M M	/	D	D	/		Y	Y				
	Mailing Address 700 13TH STREET NW SUITE 600							06		2	20	11	2	012					
		State	Zip Code					_						_					
	WASHINGTON	DC	20005					Trans	sacti	ion IC):	SB23.	1170	5					
	Purpose of Disbursement Political Contribution																		
	Candidate Name			0	11	_		Amoun	t of	Each	D	isburs	emen	t this	Period				
				Cate	egor /pe	ry/					1			1000.00					
	Office Sought: House Disburser	2012		ype		-	_		7						1				
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