Image# 12971218887				_		PAC	GE 1 / 41
FEC FORM 3X	AND DI	T OF REC SBURSEI In An Authorized	MENTS	S		Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typir er the lines.	ng, type	12FE4M5		
Harden Healthcare							
ADDRESS (number and stree	1703 W. 5th St	reet					
▼ Check if different	Suite 700						
than previously reported. (ACC)	Austin				TX	78703	
2. FEC IDENTIFICATION	N NUMBER 🔻			S	TATE 🔺	ZIP CO	DE 🔺
C C00489740		3. IS THIS REPORT		NEW N) OR	AM (A)	ENDED	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Reports: July 15 Quarterly Reports: October 15 Quarterly Reports: January 31 	ort (Q1) ort (Q2) (c) 12-D PRE- Report (c) 12-D PRE- Report	-Election ort for the:	Primary (12P Convention (12C)	General (12S) in the	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Year-End Report July 31 Mid-Ye Report (Non-el Year Only) (M' Termination Re (TER)	ear (d) 30-D lection Y) POS Repo	Election on ay T-Election ort for the: Election on	General (30G	29 3)	2012 Runoff (30	0R) In the State o	Special (30S)
5. Covering Period	M M / D D / 04 01 /	2012	through	M M 05	/ D D / 09	Y Y Y Y 2012	
I certify that I have examine Type or Print Name of Trea		-	wledge and b	pelief it is true	e, correct and	l complete.	
Signature of Treasurer	Thomas Lloyd Wilson		[Electronically	, Filed] Da	ate 05	/ D D / 16	2012
NOTE: Submission of false, e	erroneous, or incomplet	te information may s	ubject the pers	son signing thi	s Report to th	e penalties of 2 l	J.S.C. §437g.
Office Use Only						FEC FOR Rev. 12/2	

05/16/2012 18 : 01

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Harden Healthcare LLC Federal PAC M M D М Y 01 2012 05 09 2012 Report Covering the Period: 04 From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. Y 57115.50 January 1, 2012 (b) Cash on Hand at 47349.50 Beginning of Reporting Period..... 33061.80 9377.80 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 56727.30 90177.30 6(a) and 6(c) for Column B)..... 3350.00 36800.00 7. Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 53377.30 53377.30 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

X

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Page 3

Harden Healthcare LLC Federal PAC

Report Covering the Period: From: 04	01 _2012 To	: 05 09 2012			
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
. Contributions (other than loans) From:	I				
(a) Individuals/Persons Other					
Than Political Committees	5580.00	19554.00			
(i) Itemized (use Schedule A)	5580.00	13334.00			
(ii) Unitemized	3797.80	13507.80			
(iii) TOTAL (add	7 7 7 87 87 87 80				
Lines 11(a)(i) and (ii)	9377.80	33061.80			
(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)▶	9377.80	33061.80			
2. Transfers From Affiliated/Other					
Party Committees	0.00	0.00			
	0.00				
3. All Loans Received	0.00	0.00			
_					
4. Loan Repayments Received	0.00	0.00			
5. Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,				
(Refunds, Rebates, etc.)					
(Carry Totals to Line 37, page 5)	0.00	0.00			
6. Refunds of Contributions Made	, , ,	, , ,			
to Federal Candidates and Other					
Political Committees	0.00	0.00			
7. Other Federal Receipts					
(Dividends, Interest, etc.)	0.00	0.00			
3. Transfers from Non-Federal and Levin Funds					
(a) Non-Federal Account	0.00				
(from Schedule H3)	0.00	0.00			
	0.00				
(b) Levin Funds (from Schedule H5)	0.00	0.00			
	0.00				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
9. Total Receipts (add Lines 11(d),					
12, 13, 14, 15, 16, 17, and 18(c))►	9377.80	33061.80			
_					
0. Total Federal Receipts					
(subtract Line 18(c) from Line 19)►	9377.80	33061.8			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		Page 4		
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	0.00	0.0		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	600.00	845.00		
(c) Total Operating Expenditures	600.00	845.00		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party				
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	2000.00	21750.00		
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.0		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements	750.00	14205.00		
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))	3350.00	36800.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)►	3350.00	36800.00		

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	9377.80	33061.80
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	9377.80	33061.80
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	600.00	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)	600.00	845.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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41

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal		
Full Name (Last, First, Middle Initial) Cecilia Abbott Mailing Address 2601 Wooldridge City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78703 C Occupation Occupation Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 350.00	Date of Receipt 04 13 2012 Transaction ID : SA11AI.9626 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Cecilia Abbott Mailing Address 2601 Wooldridge City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78703 C Occupation Managing Dir of Community Rel Aggregate Year-to-Date ▼ 400.00	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 ▼ Aggregate Year-to-Date ▼ 175.00	Date of Receipt 04 05 2012 Transaction ID : SA11AI.9647 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).....

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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		11a 13		11b 14	11c 15	12 16	17
	y information copied from such Reports and for commercial purposes, other than using									
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	ral PAC								
Α.	Full Name (Last, First, Middle Initial) Jeanette A Bloch Mailing Address 1211 S Gingko Ln City	State	Zip Code		ate of M M 04 Trans	/	20	SA11AI.	2012 9982	Y
	Andover	KS	67002					Receipt th		k
	FEC ID number of contributing federal political committee.	С				. ,				5.00
	Name of Employer	Occupation								
	Voyager Hospice	Executive D	Director							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.00							
В.	Full Name (Last, First, Middle Initial) Jeanette A Bloch			Da	ate of	Rec	eipt			
	Mailing Address 1211 S Gingko Ln			Γ	м м 05	/	07) / Y	_2012	Y
	City	State	Zip Code		Trans	actio	n ID :	SA11AL	10326	
	Andover	KS	67002	Ar	nount	of E	ach F	Receipt th	is Period	k
	FEC ID number of contributing federal political committee.	С							25.00	5.00
	Name of Employer	Occupation		_						
	Voyager Hospice	Executive D	lirector							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		, 225.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) Brianna B Braden				ate of	Rec	eipt			
	Mailing Address 18821 Golddust Pass		м м 04	1	13		y y 2012	Y		
	City	State	Zip Code	-	Trans	actio	n ID :	SA11AI.	9652	
	Pflugerville	TX	78660	Ar	nount	of E	ach F	Receipt th	is Period	k
	FEC ID number of contributing federal political committee.								10	0.00
	Name of Employer	Occupation								
	Harden Healthcare Services	Senior Vice	President, Human Resources							
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General Other (specify) ▼		700.00							
s	UBTOTAL of Receipts This Page (optional).		•••••			,		- J	150	0.00

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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 State or for commercial purposes, other than using the nar		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal P.	AC	
Pflugerville FEC ID number of contributing federal political committee. Name of Employer Or Harden Healthcare Services See Receipt For: Ar Primary General Other (specify) ▼ I	State Zip Code TX 78660 C Comparison ccupation Comparison enior Vice President, Human Resources Sources ggregate Year-to-Date ▼ 800.00	Date of Receipt
Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For:	State Zip Code TX 78717 C Image: State stat	Date of Receipt
Austin FEC ID number of contributing federal political committee. Name of Employer Output Harden Healthcare Services Set Descript For: Set	State Zip Code TX 78717 C	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		300.00

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		r each category of the etailed Summary Page	11a 13	111	o 11		12 16	17
Any information copied from such Reports and S or for commercial purposes, other than using the			or the	purpose	e of solic	iting cont	tributi	ons
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	I PAC							
Full Name (Last, First, Middle Initial) Richard W Breuss III Mailing Address 6175 Colt Dr City West Des Noines FEC ID number of contributing federal political committee. Name of Employer Voyager Hospice Receipt For: Primary General Other (specify) ▼			M M 04 Trans	action	ot 05 ID : SA1 ² ch Receip	20′ 1 AI.9657		У 00
Full Name (Last, First, Middle Initial) Richard W Breuss III Mailing Address 6175 Colt Dr City West Des Noines FEC ID number of contributing federal political committee. Name of Employer Voyager Hospice Receipt For:			04 Trans				2	Y 20
C. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Richard W Breuss III Mailing Address 6175 Colt Dr		400.00	Date o	f Receip				Y
Walling Address 6175 Colt Dr City West Des Noines FEC ID number of contributing federal political committee. Name of Employer Voyager Hospice Receipt For: □ Primary □ General Other (specify) ▼				saction	07 ID : SA1 [/] ch Receip	201 1 AI.1033	3	00
SUBTOTAL of Receipts This Page (optional)							150.0	00

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41

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa		
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) ▼	State Zip Code OK 74114 C Occupation Regional Manager, Oklahoma Aggregate Year-to-Date ▼ 420.00	Date of Receipt
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) ▼	State Zip Code OK 74114 C Occupation Regional Manager, Oklahoma Aggregate Year-to-Date ▼ 480.00	Date of Receipt
Full Name (Last, First, Middle Initial) Stefanie L Cavanaugh Mailing Address 12512 Deer Falls Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78729 C Occupation Finance Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1400.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		320.00

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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 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) Stefanie L Cavanaugh Mailing Address 12512 Deer Falls Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78729 C C Occupation C Finance Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1600.00	Date of Receipt 04 30 2012 Transaction ID : SA11AI.10203 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial) Cathi Coney Mailing Address 7207 Nine Oaks Cove City Austin FEC ID number of contributing federal political committee. Name of Employer MBS Pharmacy Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78759 C C Occupation C Vice President, Operations Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 350.00	Date of Receipt 04 06 2012 Transaction ID : SA11AI.9686 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Cathi Coney Mailing Address 7207 Nine Oaks Cove City Austin FEC ID number of contributing federal political committee. Name of Employer MBS Pharmacy Receipt For: Primary General Other (specify) ▼	State TX Zip Code 78759 C C Occupation C Vice President, Operations C Aggregate Year-to-Date ▼ 400.00	Date of Receipt 04 23 2012 Transaction ID : SA11AI.10039 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)	•	300.00

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		1b 4	11c 15	12 16	17	
Any information copied from such Reports and a or for commercial purposes, other than using th								
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC							
Full Name (Last, First, Middle Initial) 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: Other (specify) ▼		Zip Code 78759 ent, Operations Year-to-Date ▼ 450.00	05 Trans		07 n ID :	SA11AI. Receipt th	nis Perioo	y d 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 Di Aggregate		04 Frans a		13 1D :	SA11AI.	nis Perioo	y d 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 Di Aggregate		04 Trans		30 n ID :	SA11AI	nis Perioo	y d 0.00
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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 F	PAC	
Girling Community Care	State Zip Code TX 76442 C C Decupation Regional Director, West Texas Aggregate Year-to-Date ▼ 350.00	Date of Receipt 04 13 2012 Transaction ID : SA11AI.9693 Amount of Each Receipt this Period 50.00
Girling Community Care	State Zip Code TX 76442 C C Occupation C Description C Aggregate Year-to-Date ✓ 400.00	Date of Receipt
TRISUN Healthcare A	State Zip Code TX 78756 C C Decupation C Administrator Aggregate Year-to-Date ▼ 350.00 350.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	▶	150.00

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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	EMIZED RECEIPTS		Detailed Summary Page		< 11a		11b		11c		12	
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	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC										
A.	Full Name (Last, First, Middle Initial) Wendy L Day				Date	of F	Receip	t				
	Mailing Address 4809 Sinclair Ave				[™] 04		_	23	/ Y		ү 012	Y
	City	State	Zip Code		Trai	nsad	ction I	D : S	SA11AL	1004	43	
	Austin	TX	78756		Amou	int c	of Eacl	h Re	ceipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С					7			_	50	.00
	Name of Employer	Occupation										
	TRISUN Healthcare	Administrate	or									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	, 1991 0 9 4 10		- 1								
	Other (specify) ▼	L	400.00	_								
в.	Full Name (Last, First, Middle Initial) Wendy L Day				Date	of F	Receip	t				
	Mailing Address 4809 Sinclair Ave				05	M	_	07	/ Y	Y 20)12	Y
	City	State	Zip Code						6A11AI.			
	Austin	ТΧ	78756						ceipt th			
	FEC ID number of contributing federal political committee.	С					7			_	50.	00
	Name of Employer TRISUN Healthcare	Occupation Administrate										
	Receipt For:											
	Primary General	Aggregate	Year-to-Date ▼	_								
	Other (specify)		450.00									
C.	Full Name (Last, First, Middle Initial) James Wayne Douglas				Date	of F	Receip	t				
	Mailing Address 4701 Circle Oak Cove				™ 04			D 13	/ Y)12	Y
	City Austin	State TX	Zip Code 78749						SA11AI.			
	FEC ID number of contributing federal political committee.	С			Γ.		7			_	100	.00
	Name of Employer	Occupation										
	Girling Community Care	President										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		700.00									
s	UBTOTAL of Receipts This Page (optional)			•			3		- 7	-	200.	00
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	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 ▼ 800.00 800.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Mark Duncan Mailing Address 799 W Bartlett City	State Zip Code	Date of Receipt 04 13 2012 Transaction ID : SA11AI.9703
Buda FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	TX 78610 C Occupation Vice President, Operations, North Aggregate Year-to-Date ▼ 525.00	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Mark Duncan Mailing Address 799 W Bartlett City Buda FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78610 C Occupation Occupation Vice President, Operations, North Aggregate Year-to-Date ▼ 600.00	Date of Receipt 04 30 2012 Transaction ID : SA11AI.10215 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).....

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	ny information copied from such Reports and St for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)											
$\Big)$	Harden Healthcare LLC Federal	PAC										
Α.	Full Name (Last, First, Middle Initial) Scott Ellyson				Date of	f Re	eceipt					
	Mailing Address 824 Stonewall Ridge				04	/	13	/ Y		012	Y	
	City	State	Zip Code			acti		SA11AL				
	Austin	ТΧ	78746		Amoun	t of	Each R	eceipt th	is F	'eriod		
	FEC ID number of contributing federal political committee.	С					7		_	100.	00	
	Name of Employer	Occupation										
	Harden Healthcare	Chief Finand	cial Officer									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		700.00									
	Other (specify)		700.00									
R	Full Name (Last, First, Middle Initial) Scott Ellyson				Date of	f Re	ceint					
	Mailing Address 824 Stonewall Ridge				M M			/ .	V	Y	Y	
					04	Ľ.	30			012		
	City	State	Zip Code		Trans	acti	on ID :	SA11AL	102 ⁻	18		
	Austin	ТХ	78746		Amoun	t of	Each R	eceipt th	is P	'eriod		
	FEC ID number of contributing federal political committee.	С					7	7	_	100.	00	
	Name of Employer	Occupation										
	Harden Healthcare	Chief Financ	al Officer									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)	L	, 800.00									
c.	Full Name (Last, First, Middle Initial) Bradford W Evans				Date of	f Re	eceipt					
	Mailing Address 400 E Red Bridge				м м 04	/	05	/ Y)12	Y	
	City	State	Zip Code		Trans	sact		SA11AI.				
	Kansas City	MO	67131		Amoun	t of	Each R	eceipt th	is F	'eriod		
	FEC ID number of contributing federal political committee.	С					7	7	_	50.	.00	
	Name of Employer	Occupation		_								
	Hospice Care of Kansas	Director										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		250.00									
	Other (specify)	<u> </u>	350.00									
S	UBTOTAL of Receipts This Page (optional)									250.0	00	٦
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FEC Schedule A (Form 3X) Rev. 02/2003

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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
	I nd Statements may not be sold or used by any p the name and address of any political committed	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	eral PAC	
Full Name (Last, First, Middle Initial) Bradford W Evans Mailing Address 400 E Red Bridge City Kansas City FEC ID number of contributing federal political committee. Name of Employer Hospice Care of Kansas Receipt For: Primary General Other (specify) ▼	State Zip Code MO 67131 C Occupation Director Aggregate Year-to-Date ▼ 400.00	Date of Receipt
Full Name (Last, First, Middle Initial) Bradford W Evans Mailing Address 400 E Red Bridge City Kansas City FEC ID number of contributing federal political committee. Name of Employer Hospice Care of Kansas Receipt For: Primary General Other (specify) ▼	State Zip Code MO 67131 C Occupation Director Aggregate Year-to-Date ▼ 450.00	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 Vice President, Rehab Aggregate Year-to-Date ▼ 350.00	Date of Receipt 04 13 2012 Transaction ID : SA11AI.9721 Amount of Each Receipt this Period 50.00
) ber only)	► 150.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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41

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal F	PAC	
Girling Home Health	State Zip Code TX 76527 C C Description C Vice President, Rehab Aggregate Year-to-Date ▼ 400.00	Date of Receipt 04 30 2012 Transaction ID : SA11AI.10225 Amount of Each Receipt this Period 50.00
Lighthouse Hospice	State Zip Code TX 76432 C Description Administrator Aggregate Year-to-Date ▼ 175.00	Date of Receipt 04 05 2012 Transaction ID : SA11AI.9745 Amount of Each Receipt this Period 25.00
Lighthouse Hospice	State Zip Code TX 76432 C C Description C Administrator Aggregate Year-to-Date ▼ 200.00 200.00	Date of Receipt 04 20 2012 Transaction ID : SA11AI.9993 Amount of Each Receipt this Period 25.00
SUBTOTAL of Receipts This Page (optional)		100.00

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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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	EMIZED RECEIPTS		Detailed Summary Page		-		11b	11c		12		
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	y information copied from such Reports and St for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)											
/	Harden Healthcare LLC Federal	PAC										
Δ.	Full Name (Last, First, Middle Initial) Elaine Hall				Date of	- Do	ooint					
Α.	Mailing Address 6480 CR 321			- '		пе	·					
	Maning Address 6400 CK 521				м м	_	07			012	Y	
	City	State	Zip Code			acti		: SA11AI				
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	FEC ID number of contributing federal political committee.	С					7		_	25.	00	
	Name of Employer	Occupation		_								
	Lighthouse Hospice	Administrate	Dr									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		225.00									
	Other (specify)		225.00									
_	Full Name (Last, First, Middle Initial)											
в.	Benjamin Hanson			- '	Date of	ке	· ·					
	Mailing Address 2211 Sunny Slope Drive				04		13		20	012	Y	
	City	State	Zip Code			acti		SA11AI.				
	Austin	ТХ	78703	/	Amount	t of	Each I	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					,	J	_	200.	00	
	Name of Employer	Occupation		_								
	Harden Healthcare	Sr Vice Pres	sident & General Counsel									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	· · · ·	1400.00									
	Other (specify)		7									
c.	Full Name (Last, First, Middle Initial) Benjamin Hanson				Date of	Re	ceipt					
	Mailing Address 2211 Sunny Slope Drive				м м 04	/	D 30) 12	Y	
	City Austin	State TX	Zip Code 78703					: SA11AI				
			76705	- '	Amount	t of	Each I	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					7		_	200	.00	
	Name of Employer	Occupation										
	Harden Healthcare	Sr Vice Pres	sident & General Counsel	_								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		1600.00									
s	UBTOTAL of Receipts This Page (optional)		•				,		+	425.	00	_

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SCHEDULE A	(FEC	Form 3X)
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	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 th	Statements may not be sold or used by an ne name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC	
Full Name (Last, First, Middle Initial) A. Eric J Hansum Mailing Address 3005 Chantelaine Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78746 C Occupation Legal Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial) E. Eric J Hansum Mailing Address 3005 Chantelaine Dr		Date of Receipt
City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: ☐ Primary General Other (specify) ▼	State Zip Code TX 78746 C Occupation Legal Aggregate Year-to-Date ▼ 400.00	Transaction ID : SA11AI.10234 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Robin J Hayes Mailing Address 6112 Jumano Lane City Austin FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78749 C Occupation Vice President, Professional Services Aggregate Year-to-Date ▼ 350.00	Date of Receipt 04 13 2012 Transaction ID : SA11AI.9756 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)		

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	EMIZED RECEIPTS for e Deta		X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and S or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC									
Full Name (Last, First, Middle Initial) Robin J Hayes Mailing Address 6112 Jumano Lane City Austin FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼		Zip Code 78749 lent, Professional Services Year-to-Date ▼ 400.00	Date of Receipt 04 30 2012 Transaction ID : SA11AI.10237 Amount of Each Receipt this Period 50.00							
Full Name (Last, First, Middle Initial) Tina Hilmas Mailing Address 494 Countryside Dr City Rolla FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State MO C Occupation Registered Aggregate		Date of Receipt 04 11 2012 Transaction ID : SA11AI.9763 Amount of Each Receipt this Period 25.00							
Full Name (Last, First, Middle Initial) Tina Hilmas Mailing Address 494 Countryside Dr City Rolla FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: Primary General Other (specify) ▼	State MO C Occupation Registered Aggregate		Date of Receipt 04 25 2012 Transaction ID : SA11AI.10172 Amount of Each Receipt this Period 25.00							
SUBTOTAL of Receipts This Page (optional)		••••••	100.00							

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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											
Full Name (Last, First, Middle Initial) Maxzine Holliday Mailing Address 6116 Sulfer Spring City Killeen FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76542 C Occupation Director of Nursing Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 130.00	Date of Receipt									
Full Name (Last, First, Middle Initial) Maxzine Holliday Mailing Address 6116 Sulfer Spring City Killeen FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76542 C C Occupation Director of Nursing Aggregate Year-to-Date ▼	Date of Receipt									
Full Name (Last, First, Middle Initial) Maxzine Holliday Mailing Address 6116 Sulfer Spring City Killeen FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76542 C Occupation Director of Nursing Aggregate Year-to-Date ▼ 210.00	Date of Receipt									
SUBTOTAL of Receipts This Page (optional)		120.00									

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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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TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		<u> </u>						
Any information copied from such Reports and s or for commercial purposes, other than using th								g cont			
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa											
Full Name (Last, First, Middle Initial) A. 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	State IL Occupation Vice Presid	Zip Code 60607 ent, Operations	Date of Receipt 04 13 2012 Transaction ID : SA11AI.9779 Amount of Each Receipt this Period 75.00								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 525.00									
Full Name (Last, First, Middle Initial) B. Kelly Ann Jalowiec Mailing Address 1410 W Fillmore St				Date of	f Re	eceipt 30		201	ү 2	Y	
City	State	Zip Code					SA11AI.				
Chicago FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼		60607 ent, Operations Year-to-Date ▼ 600.00		Amoun	t of	Each F	Receipt th	nis Pe	75.0	0	
Full Name (Last, First, Middle Initial) C. Brenda Kaden Mailing Address 13601 CR 7160			_	Date of		ceipt	D / Y	Y	Y	Y	
City Rolla FEC ID number of contributing federal political committee. Name of Employer Girling Community Care Receipt For: ☐ Primary General Other (specify) ▼	State MO Occupation Regional Di Aggregate						: SA11AI Receipt th			00	
SUBTOTAL of Receipts This Page (optional)			•		_	, .	- 7	_	175.0	00	

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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41

			Detailed Summary Page	X 11a 11b 11c 12										
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\backslash	NAME OF COMMITTEE (In Full)	_												
$\Big/$	Harden Healthcare LLC Federal	PAC												
Α.	Full Name (Last, First, Middle Initial) Brenda Kaden				Date	of I	Red	ceipt						
	Mailing Address 13601 CR 7160			м 0	M 4	/	25		/		012	Y		
	City	State	Zip Code		Tra	insa	cti	on ID	: S	A11A	<u>\I.101</u>	74		
	Rolla	MO	65401	_	Amo	unt	of I	Each I	Red	ceipt	this F	Period		
	FEC ID number of contributing federal political committee.	ů – Elektrik – Elektri										25	.00	
	Name of Employer	Occupation												
	Girling Community Care	Regional Di	rector											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		005.00											
	Other (specify)	<u> </u>	225.00											
B.	Full Name (Last, First, Middle Initial) Cindy K Keim				Date	of	Red	ceipt						
	Mailing Address 11512 Ballentine St				М	М	/	D		/	YY	Y	Y	
	City	State	Zip Code	_	0			05				012	-	
	Overland Park	KS	66210	\vdash				on ID : Each I						
	FEC ID number of contributing								nec	Joipt	1113 1	chida		-
	federal political committee.	С			L	_		7		- 7		50.	00	
	Name of Employer	Occupation												
	Hospice Care of Kansas	Regional Vie	ce President											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		350.00											
	Other (specify) v		, , , , , , , , , , , , , , , , , , , ,											
c.	Full Name (Last, First, Middle Initial) Cindy K Keim				Date	of I	Red	ceipt						
	Mailing Address 11512 Ballentine St				M 0	M 4	/	D 20		1		012	Y	
	City	State	Zip Code		Tra	insa	cti	on ID	: S	A11/	41.999	15		
	Overland Park	KS	66210	_	Amo	unt	of I	Each I	Red	ceipt	this F	Period		
	FEC ID number of contributing federal political committee.	С						,				50	.00	
	Name of Employer	Occupation		-										
	Hospice Care of Kansas	Regional Vi	ce President											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		400.00											
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s	UBTOTAL of Receipts This Page (optional)											125.	00	
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Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC	
Full Name (Last, First, Middle Initial) A. Cindy K Keim Mailing Address 11512 Ballentine St City Overland Park FEC ID number of contributing federal political committee. Name of Employer Hospice Care of Kansas Receipt For: Primary General Other (specify) ▼	State Zip Code KS 66210 C Occupation Regional Vice President Aggregate Year-to-Date ▼ 450.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. 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 ▼ 875.00	Date of Receipt 04 13 2012 Transaction ID : SA11AI.9795 Amount of Each Receipt this Period 125.00
Full Name (Last, First, Middle Initial) C. Diane Kenyon Mailing Address 285 E Summit Dr City Wimberley 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 ▼ 1000.00	Date of Receipt 04 30 2012 Transaction ID : SA11AI.10252 Amount of Each Receipt this Period 125.00
SUBTOTAL of Receipts This Page (optional)	······	300.00

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ITEMIZED RECEIPTS	ED 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) 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 ▼ 700.00	Date of Receipt 04 13 2012 Transaction ID : SA11AI.9806 Amount of Each Receipt this Period 100.00
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 ▼ 800.00	Date of Receipt 04 30 2012 Transaction ID : SA11AI.10257 Amount of Each Receipt this Period 100.00
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		Date of Receipt 04 13 2012 Transaction ID : SA11AI.9808 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)			250.00

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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 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) 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 (spacify) –	State Zip Code TX 78619 C Occupation General Manager Aggregate Year-to-Date ▼	Date of Receipt 04 30 2012 Transaction ID : SA11AI.10259 Amount of Each Receipt this Period 50.00									
Full Name (Last, First, Middle Initial) B. Maria A MacKeil Mailing Address 8820 Colberg Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify) ▼	Maria A MacKeil Mailing Address 8820 Colberg Dr City State Zip Code Austin TX 78749 FEC ID number of contributing federal political committee. C C Name of Employer Occupation Harden Healthcare Director of Internal Audit Receipt For: Aggregate Year-to-Date ▼										
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 ▼ 400.00	Date of Receipt 04 30 2012 Transaction ID : SA11AI.10262 Amount of Each Receipt this Period 50.00									
SUBTOTAL of Receipts This Page (optional)		150.00									

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Fede	eral PAC										
A. Full Name (Last, First, Middle Initial) William B Parrish Mailing Address 3200 Wild Canyon Loop City Austin FEC ID number of contributing	State TX	Zip Code 78732	Date of Receipt								
federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	Occupation Vice Presid	lent of Finance Year-to-Date ▼ 350.00									
Full Name (Last, First, Middle Initial) William B Parrish Mailing Address 3200 Wild Canyon Loop City Austin FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼		Zip Code 78732 ent of Finance Year-to-Date ▼ 400.00	Date of Receipt 04 30 2012 Transaction ID : SA11AI.10276 Amount of Each Receipt this Period 50.00								
Full Name (Last, First, Middle Initial) C. Shanni F Ponce Mailing Address 2818 Fountain Grove Cov City Round Rock FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State TX C Occupation Senior Vice		Date of Receipt								
SUBTOTAL of Receipts This Page (optional)		140.00								

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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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17			
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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	I PAC											
A. Full Name (Last, First, Middle Initial) Mailing Address 2818 Fountain Grove Cove City Round Rock FEC ID number of contributing federal political committee.	State TX	Zip Code 78665		Date of Receipt 04 23 2012 Transaction ID : SA11AI.10124 Amount of Each Receipt this Period 40.00								
Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice Aggregate]									
Full Name (Last, First, Middle Initial) B. Shanni F Ponce Mailing Address 2818 Fountain Grove Cove City	State	Zip Code		Date of 05	/	07		2012 10445	Y			
Round Rock FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	TX C Occupation Senior Vice Aggregate			Amour	nt of	Each	Receipt th		d 0.00			
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) ▼		Zip Code 76273 al Therapist Year-to-Date ▼ 175.00			sact	ion ID		nis Perio				
SUBTOTAL of Receipts This Page (optional)						7		10	5.00			

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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 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	PAC	
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 ▼ 200.00	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 Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76273 C Occupation Occupational Therapist Aggregate Year-to-Date ▼ 225.00	Date of Receipt
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 ▼ 280.00 280.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 90.00

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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 th		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa	al PAC	
Full Name (Last, First, Middle Initial) Rebecca Shropshire Mailing Address 722 Craig St City Hillboro FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76645 C Occupation Administrator Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 320.00	Date of Receipt 04 23 2012 Transaction ID : SA11AI.10143 Amount of Each Receipt this Period 40.00
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 ▼ 360.00	Date of Receipt 05 07 2012 Transaction ID : SA11AI.10468 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Juli Simmang Mailing Address 991 Oak Ridge City Shertz FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78154 C Occupation Director of Clinical Services Aggregate Year-to-Date ▼ 350.00	Date of Receipt 04 06 2012 Transaction ID : SA11AI.9918 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)		

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each categ Detailed Sumr		X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC		
Full Name (Last, First, Middle Initial) Juli Simmang Mailing Address 991 Oak Ridge City Shertz FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78154 C Occupation Director of Clinical Services Aggregate Year-to-Date ▼	400.00	Date of Receipt
Full Name (Last, First, Middle Initial) Juli Simmang Mailing Address 991 Oak Ridge City Shertz FEC ID number of contributing federal political committee. Name of Employer MBS Rehab Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78154 C Occupation Director of Clinical Services Aggregate Year-to-Date ▼	450.00	Date of Receipt
Full Name (Last, First, Middle Initial) Kenneth Stribling Mailing Address 2419 Edgecliff Path City Georgetown FEC ID number of contributing federal political committee. Name of Employer TRISUN Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78626 C Occupation Administrator Aggregate Year-to-Date ▼	439.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		····· ►	125.00

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SCHEDULE A	(FEC Form 3X)
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federa													
Λ	Full Name (Last, First, Middle Initial) Kenneth Stribling						Date o	f Be	coint					
	Mailing Address 2419 Edgecliff Path						04	_				012	Y	
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	TRISUN Healthcare	Administrate	or											
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	Primary General Other (specify)		a	464	.00									
в.	Full Name (Last, First, Middle Initial) Kenneth Stribling						Date o	f Re	eceipt					
	Mailing Address 2419 Edgecliff Path						м м 05	/	07		2	012	Y	
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С.	Full Name (Last, First, Middle Initial) Nancy A Taylor						Date o	f Re	eceipt					_
	Mailing Address 3208 MAIN CIRCLE WEST						м м 04	/	06			012	Y	
	City	State	Zip Code					sact		: SA11A				
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Any information copied from such Reports and Sta or for commercial purposes, other than using the r		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal		
Full Name (Last, First, Middle Initial) Nancy A Taylor Mailing Address 3208 MAIN CIRCLE WEST City CLIFTON FEC ID number of contributing federal political committee. Name of Employer Voyager Hospice Receipt For: Primary General Other (specify) ▼	State Zip Code CO 81520 C Occupation Clinical Manager Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 200.00	Date of Receipt
Full Name (Last, First, Middle Initial) Nancy A Taylor Mailing Address 3208 MAIN CIRCLE WEST City CLIFTON FEC ID number of contributing federal political committee. Name of Employer Voyager Hospice Receipt For: Primary General Other (specify) ▼	State Zip Code CO 81520 C Occupation Clinical Manager Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial) Ronda Van Meter Mailing Address 253 LCR 405 City Mexia FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76667 C C Occupation Regional Vice President Aggregate Year-to-Date ▼ 350.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		100.00

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	al PAC	
Full Name (Last, First, Middle Initial) Ronda Van Meter Mailing Address 253 LCR 405 City Mexia FEC ID number of contributing federal political committee. Name of Employer Girling Home Health Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76667 C Occupation Regional Vice President Aggregate Year-to-Date ▼ 400.00	Date of Receipt 04 30 2012 Transaction ID : SA11AI.10303 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) B. 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 Code TX 78747 C Occupation Regional Vice President Aggregate Year-to-Date ▼ 385.00	Date of Receipt
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 Code TX 78747 C Occupation Regional Vice President Aggregate Year-to-Date ▼ 440.00	Date of Receipt
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
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A. 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	KS 67203 C Occupation Executive Director	Date of Receipt 04 05 2012 Transaction ID : SA11AI.9959 Amount of Each Receipt this Period 25.00
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	KS 67203 C Occupation Executive Director	Date of Receipt
C. 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	KS 67203	Date of Receipt
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	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Feder	al PAC												
Α.	Full Name (Last, First, Middle Initial) Iris B Williams				Date c	of Re	eceipt							
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	City Corpus Christi	State TX	Zip Code 78415	-				: SA11AI.						
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	Other (specify) ▼		350.00											
в.	Full Name (Last, First, Middle Initial) Iris B Williams				Date c	of Re	eceipt							
	Mailing Address 3733 Locke Lane				04	/	23		ү ү 2012	Y				
	City	State	Zip Code		Transaction ID : SA11AI.10166									
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<u>с</u> .	Full Name (Last, First, Middle Initial) Iris B Williams				Date c	of Re	eceipt							
	Mailing Address 3733 Locke Lane				05	/	D 07		үүү 2012	Y				
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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC	
Full Name (Last, First, Middle Initial) Thomas Lloyd Wilson Mailing Address 1703 W. 5th St Ste 700 City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary General Other (specify)	State Zip Code TX 78703 C Occupation Vice President, Public Affairs Aggregate Year-to-Date ▼ 280.00	Date of Receipt 04 13 2012 Transaction ID : SA11AI.9962 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Thomas Lloyd Wilson Mailing Address 1703 W. 5th St Ste 700 City Austin FEC ID number of contributing federal political committee. Name of Employer Harden Healthcare Receipt For: Primary	State Zip Code TX 78703 C Occupation Occupation Vice President, Public Affairs Aggregate Year-to-Date ▼	Date of Receipt 04 30 2012 Transaction ID : SA11AI.10309 Amount of Each Receipt this Period 40.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For:	State Zip Code	Date of Receipt Amount of Each Receipt this Period
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼	80.00

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SCHEDULE B (FEC Form 3X)									E NUMBER: PAGE 39 OF 41									
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NAME OF COMMITTEE (In Full)														
Harden Healthcare LLC Federal P	AC													
Full Name (Last, First, Middle Initial) A. MICHAEL WILLIAMS FOR CONG	RESS			Date of	Disb	ourse	ment							
Mailing Address PO BOX 717				м м 04	/	D 13		Y Y 20	12					
City S AUSTIN	State Zip Code TX 78767		Transaction ID : SB23.9977											
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NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal P.	AC										
Full Name (Last, First, Middle Initial) A. Rep. ELLIOTT NAISHTAT				Date of Disbursement							
Mailing Address 6401 WILBUR DR				04 10 2012							
AUSTIN	State Zip Code TX 78757			Trans	sacti	ion ID):S	B29.9	975		
Purpose of Disbursement Political Contribution Candidate Name		011	4 L	moun	it of	Each	Dis	burser	ment thi	is Period	
	mont For: 2012	Category/ Type				,			7	750.00	
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