

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Harden Healthcare LLC Federal PAC

ADDRESS (number and street) 1703 W. 5th Street

Check if different than previously reported. (ACC) Suite 700

Austin TX 78703

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00489740 Austin TX 78703

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on 05 / 29 / 2012 in the State of TX

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 04 / 01 / 2012 through 05 / 09 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas Lloyd Wilson

Signature of Treasurer Thomas Lloyd Wilson [Electronically Filed] Date 05 / 16 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Harden Healthcare LLC Federal PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		57115.50
(b) Cash on Hand at Beginning of Reporting Period.....	47349.50	
(c) Total Receipts (from Line 19)	9377.80	33061.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	56727.30	90177.30
7. Total Disbursements (from Line 31).....	3350.00	36800.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	53377.30	53377.30
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Harden Healthcare LLC Federal PAC

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

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

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	600.00	845.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	600.00	845.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	21750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	750.00	14205.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3350.00	36800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3350.00	36800.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9377.80	33061.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9377.80	33061.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	600.00	845.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	600.00	845.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Cecilia Abbott
Full Name (Last, First, Middle Initial)
Mailing Address 2601 Wooldridge
City Austin State TX Zip Code 78703
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Services Occupation Managing Dir of Community Rel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 13 / 2012
Transaction ID : SA11AI.9626
Amount of Each Receipt this Period 50.00

B. Cecilia Abbott
Full Name (Last, First, Middle Initial)
Mailing Address 2601 Wooldridge
City Austin State TX Zip Code 78703
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Services Occupation Managing Dir of Community Rel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2012
Transaction ID : SA11AI.10188
Amount of Each Receipt this Period 50.00

C. Jeanette A Bloch
Full Name (Last, First, Middle Initial)
Mailing Address 1211 S Gingko Ln
City Andover State KS Zip Code 67002
FEC ID number of contributing federal political committee. **C**
Name of Employer Voyager Hospice Occupation Executive Director
Receipt For: Primary General Other (specify) ▼
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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jeanette A Bloch		Date of Receipt MM / DD / YYYY 04 / 20 / 2012 Transaction ID : SA11AI.9982
Mailing Address 1211 S Gingko Ln		Amount of Each Receipt this Period 25.00
City Andover	State KS	Zip Code 67002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Voyager Hospice	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Jeanette A Bloch		Date of Receipt MM / DD / YYYY 05 / 07 / 2012 Transaction ID : SA11AI.10326
Mailing Address 1211 S Gingko Ln		Amount of Each Receipt this Period 25.00
City Andover	State KS	Zip Code 67002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Voyager Hospice	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Brianna B Braden		Date of Receipt MM / DD / YYYY 04 / 13 / 2012 Transaction ID : SA11AI.9652
Mailing Address 18821 Golddust Pass		Amount of Each Receipt this Period 100.00
City Pflugerville	State TX	Zip Code 78660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Harden Healthcare Services	Occupation Senior Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Brianna B Braden
Full Name (Last, First, Middle Initial)

Mailing Address 18821 Golddust Pass

City Pflugerville	State TX	Zip Code 78660
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FEC ID number of contributing federal political committee. **C**

Name of Employer Harden Healthcare Services	Occupation Senior Vice President, Human Resources
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : SA11AI.10197

Amount of Each Receipt this Period

100.00

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

Mailing Address 15705 Edenderry Dr

City Austin	State TX	Zip Code 78717
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : SA11AI.9655

Amount of Each Receipt this Period

100.00

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

Mailing Address 15705 Edenderry Dr

City Austin	State TX	Zip Code 78717
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : SA11AI.10198

Amount of Each Receipt this Period

100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6175 Colt Dr

City West Des Moines	State IA	Zip Code 50131
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2012

Transaction ID : SA11AI.9657

Amount of Each Receipt this Period

50.00

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

Mailing Address 6175 Colt Dr

City West Des Moines	State IA	Zip Code 50131
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2012

Transaction ID : SA11AI.9984

Amount of Each Receipt this Period

50.00

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

Mailing Address 6175 Colt Dr

City West Des Moines	State IA	Zip Code 50131
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2012

Transaction ID : SA11AI.10333

Amount of Each Receipt this Period

50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Timothy R Brittingham
Full Name (Last, First, Middle Initial)
Mailing Address 2807 S Gary Avenue
City Tulsa State OK Zip Code 74114
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Community Care Occupation: Regional Manager, Oklahoma
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **420.00**

Date of Receipt: 04 / 13 / 2012
Transaction ID : SA11AI.9658
Amount of Each Receipt this Period: **60.00**

B. Timothy R Brittingham
Full Name (Last, First, Middle Initial)
Mailing Address 2807 S Gary Avenue
City Tulsa State OK Zip Code 74114
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Community Care Occupation: Regional Manager, Oklahoma
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **480.00**

Date of Receipt: 04 / 27 / 2012
Transaction ID : SA11AI.10180
Amount of Each Receipt this Period: **60.00**

C. Stefanie L Cavanaugh
Full Name (Last, First, Middle Initial)
Mailing Address 12512 Deer Falls Dr
City Austin State TX Zip Code 78729
FEC ID number of contributing federal political committee. **C**
Name of Employer: Harden Healthcare Services Occupation: Finance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1400.00**

Date of Receipt: 04 / 13 / 2012
Transaction ID : SA11AI.9673
Amount of Each Receipt this Period: **200.00**

SUBTOTAL of Receipts This Page (optional)..... **320.00**
TOTAL This Period (last page this line number only).....

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

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

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

A. Stefanie L Cavanaugh
 Full Name (Last, First, Middle Initial)
 Mailing Address 12512 Deer Falls Dr
 City Austin State TX Zip Code 78729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Services Occupation Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : SA11AI.10203
 Amount of Each Receipt this Period
 200.00

B. Cathi Coney
 Full Name (Last, First, Middle Initial)
 Mailing Address 7207 Nine Oaks Cove
 City Austin State TX Zip Code 78759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MBS Pharmacy Occupation Vice President, Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2012
Transaction ID : SA11AI.9686
 Amount of Each Receipt this Period
 50.00

C. Cathi Coney
 Full Name (Last, First, Middle Initial)
 Mailing Address 7207 Nine Oaks Cove
 City Austin State TX Zip Code 78759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MBS Pharmacy Occupation Vice President, Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

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

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

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

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

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

Mailing Address 7207 Nine Oaks Cove

City Austin State TX Zip Code 78759

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

Name of Employer MBS Pharmacy Occupation Vice President, Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **05 / 07 / 2012**

Transaction ID : SA11AI.10351

Amount of Each Receipt this Period **50.00**

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

Mailing Address 6013 Forest Shadow

City San Antonio State TX Zip Code 78240

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

Name of Employer Girling Community Care Occupation Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **04 / 13 / 2012**

Transaction ID : SA11AI.9688

Amount of Each Receipt this Period **30.00**

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

Mailing Address 6013 Forest Shadow

City San Antonio State TX Zip Code 78240

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

Name of Employer Girling Community Care Occupation Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : SA11AI.10210

Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... **110.00**

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

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

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

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

Full Name (Last, First, Middle Initial) A. Lisa Lynn Cupps		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2012 Transaction ID : SA11AI.9693
Mailing Address 2450 CR 253		Amount of Each Receipt this Period 50.00
City Comanche	State TX	Zip Code 76442
FEC ID number of contributing federal political committee. C	Name of Employer Girling Community Care	Occupation Regional Director, West Texas
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Lisa Lynn Cupps		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2012 Transaction ID : SA11AI.10212
Mailing Address 2450 CR 253		Amount of Each Receipt this Period 50.00
City Comanche	State TX	Zip Code 76442
FEC ID number of contributing federal political committee. C	Name of Employer Girling Community Care	Occupation Regional Director, West Texas
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Wendy L Day		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 06 / 2012 Transaction ID : SA11AI.9695
Mailing Address 4809 Sinclair Ave		Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78756
FEC ID number of contributing federal political committee. C	Name of Employer TRISUN Healthcare	Occupation Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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

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

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

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

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

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

Mailing Address 4809 Sinclair Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2012
Transaction ID : SA11AI.10043

Amount of Each Receipt this Period
 50.00

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

Mailing Address 4809 Sinclair Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2012
Transaction ID : SA11AI.10355

Amount of Each Receipt this Period
 50.00

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

Mailing Address 4701 Circle Oak Cove

City Austin	State TX	Zip Code 78749
----------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : SA11AI.9700

Amount of Each Receipt this Period
 100.00

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

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. James Wayne Douglas
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 Circle Oak Cove
 City Austin State TX Zip Code 78749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Girling Community Care Occupation: President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt: 04 / 30 / 2012
Transaction ID : SA11AI.10214
 Amount of Each Receipt this Period: 100.00

B. Mark Duncan
 Full Name (Last, First, Middle Initial)
 Mailing Address 799 W Bartlett
 City Buda State TX Zip Code 78610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: TRISUN Healthcare Occupation: Vice President, Operations, North
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **525.00**

Date of Receipt: 04 / 13 / 2012
Transaction ID : SA11AI.9703
 Amount of Each Receipt this Period: 75.00

C. Mark Duncan
 Full Name (Last, First, Middle Initial)
 Mailing Address 799 W Bartlett
 City Buda State TX Zip Code 78610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: TRISUN Healthcare Occupation: Vice President, Operations, North
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **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).....	

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

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

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

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

Mailing Address 824 Stonewall Ridge

City Austin State TX Zip Code 78746

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

Name of Employer Harden Healthcare Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : SA11AI.9707

Amount of Each Receipt this Period
100.00

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

Mailing Address 824 Stonewall Ridge

City Austin State TX Zip Code 78746

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

Name of Employer Harden Healthcare Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : SA11AI.10218

Amount of Each Receipt this Period
100.00

C. Bradford W Evans
Full Name (Last, First, Middle Initial)

Mailing Address 400 E Red Bridge

City Kansas City State MO Zip Code 67131

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

Name of Employer Hospice Care of Kansas Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : SA11AI.9710

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2012

Transaction ID : SA11AI.9990

Amount of Each Receipt this Period
50.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2012

Transaction ID : SA11AI.10363

Amount of Each Receipt this Period
50.00

C. Patricia A. (Tricia) Fox
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 190

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : SA11AI.9721

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Patricia A. (Tricia) Fox
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 190
 City Florence State TX Zip Code 76527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Girling Home Health Vice President, Rehab
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : SA11AI.10225
 Amount of Each Receipt this Period
 50.00

B. Elaine Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 6480 CR 321
 City Blanket State TX Zip Code 76432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lighthouse Hospice Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 175.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2012
Transaction ID : SA11AI.9745
 Amount of Each Receipt this Period
 25.00

C. Elaine Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 6480 CR 321
 City Blanket State TX Zip Code 76432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lighthouse Hospice Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012
Transaction ID : SA11AI.9993
 Amount of Each Receipt this Period
 25.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Elaine Hall
Full Name (Last, First, Middle Initial)
Mailing Address 6480 CR 321
City Blanket State TX Zip Code 76432
FEC ID number of contributing federal political committee. **C**
Name of Employer Lighthouse Hospice Occupation Administrator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **225.00**

Date of Receipt **05 / 07 / 2012**
Transaction ID : SA11AI.10381
Amount of Each Receipt this Period **25.00**

B. Benjamin Hanson
Full Name (Last, First, Middle Initial)
Mailing Address 2211 Sunny Slope Drive
City Austin State TX Zip Code 78703
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Occupation Sr Vice President & General Counsel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1400.00**

Date of Receipt **04 / 13 / 2012**
Transaction ID : SA11AI.9750
Amount of Each Receipt this Period **200.00**

C. Benjamin Hanson
Full Name (Last, First, Middle Initial)
Mailing Address 2211 Sunny Slope Drive
City Austin State TX Zip Code 78703
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Occupation Sr Vice President & General Counsel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1600.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : SA11AI.10233
Amount of Each Receipt this Period **200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Eric J Hansum
Full Name (Last, First, Middle Initial)
Mailing Address 3005 Chantelaine Dr
City Austin State TX Zip Code 78746
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Occupation Legal
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 13 / 2012
Transaction ID : SA11AI.9751
Amount of Each Receipt this Period 50.00

B. Eric J Hansum
Full Name (Last, First, Middle Initial)
Mailing Address 3005 Chantelaine Dr
City Austin State TX Zip Code 78746
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Occupation Legal
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2012
Transaction ID : SA11AI.10234
Amount of Each Receipt this Period 50.00

C. Robin J Hayes
Full Name (Last, First, Middle Initial)
Mailing Address 6112 Jumano Lane
City Austin State TX Zip Code 78749
FEC ID number of contributing federal political committee. **C**
Name of Employer TRISUN Healthcare Occupation Vice President, Professional Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 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)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6112 Jumano Lane

City Austin State TX Zip Code 78749

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

Name of Employer TRISUN Healthcare Occupation Vice President, Professional Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **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)
B. Tina Hilmas

Mailing Address 494 Countryside Dr

City Rolla State MO Zip Code 65401

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

Name of Employer Girling Community Care Occupation Registered Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt **04 / 11 / 2012**

Transaction ID : SA11AI.9763

Amount of Each Receipt this Period **25.00**

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

Mailing Address 494 Countryside Dr

City Rolla State MO Zip Code 65401

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

Name of Employer Girling Community Care Occupation Registered Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

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**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Maxzine Holliday

Mailing Address 6116 Sulfer Spring

City Killeen State TX Zip Code 76542

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

Name of Employer TRISUN Healthcare Occupation Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **130.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 06 / 2012

Transaction ID : SA11AI.9767

Amount of Each Receipt this Period
40.00

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

Mailing Address 6116 Sulfer Spring

City Killeen State TX Zip Code 76542

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

Name of Employer TRISUN Healthcare Occupation Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **170.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 23 / 2012

Transaction ID : SA11AI.10071

Amount of Each Receipt this Period
40.00

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

Mailing Address 6116 Sulfer Spring

City Killeen State TX Zip Code 76542

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

Name of Employer TRISUN Healthcare Occupation Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 07 / 2012

Transaction ID : SA11AI.10387

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kelly Ann Jalowiec
 Full Name (Last, First, Middle Initial)
 Mailing Address 1410 W Fillmore St
 City Chicago State IL Zip Code 60607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Girling Home Health Occupation: Vice President, Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **525.00**

Date of Receipt: 04 / 13 / 2012
Transaction ID : SA11AI.9779
 Amount of Each Receipt this Period: **75.00**

B. Kelly Ann Jalowiec
 Full Name (Last, First, Middle Initial)
 Mailing Address 1410 W Fillmore St
 City Chicago State IL Zip Code 60607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Girling Home Health Occupation: Vice President, Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt: 04 / 30 / 2012
Transaction ID : SA11AI.10246
 Amount of Each Receipt this Period: **75.00**

C. Brenda Kaden
 Full Name (Last, First, Middle Initial)
 Mailing Address 13601 CR 7160
 City Rolla State MO Zip Code 65401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Girling Community Care Occupation: Regional Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **200.00**

Date of Receipt: 04 / 11 / 2012
Transaction ID : SA11AI.9788
 Amount of Each Receipt this Period: **25.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Brenda Kaden		Date of Receipt
Mailing Address 13601 CR 7160		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
Rolla	MO	65401
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10174
Name of Employer	Occupation	Amount of Each Receipt this Period
Girling Community Care	Regional Director	<input type="text" value="2500"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Cindy K Keim		Date of Receipt
Mailing Address 11512 Ballentine St		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Overland Park	KS	66210
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.9791
Name of Employer	Occupation	Amount of Each Receipt this Period
Hospice Care of Kansas	Regional Vice President	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cindy K Keim		Date of Receipt
Mailing Address 11512 Ballentine St		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Overland Park	KS	66210
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.9995
Name of Employer	Occupation	Amount of Each Receipt this Period
Hospice Care of Kansas	Regional Vice President	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="125.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 11512 Ballentine St

City Overland Park State KS Zip Code 66210

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

Name of Employer Hospice Care of Kansas Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2012

Transaction ID : SA11AI.10398

Amount of Each Receipt this Period
50.00

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

Mailing Address 285 E Summit Dr

City Wimberley State TX Zip Code 78676

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
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 State TX Zip Code 78676

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : SA11AI.10252

Amount of Each Receipt this Period
125.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 9513 Prescott Drive

City Austin State TX Zip Code 78748

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

Name of Employer Harden Healthcare Occupation President, Leadership Development Inst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : SA11AI.9806

Amount of Each Receipt this Period
100.00

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

Mailing Address 9513 Prescott Drive

City Austin State TX Zip Code 78748

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

Name of Employer Harden Healthcare Occupation President, Leadership Development Inst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : SA11AI.10257

Amount of Each Receipt this Period
100.00

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

Mailing Address 1620 Elderhill Road

City Driftwood State TX Zip Code 78619

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

Name of Employer Girling Community Care Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : SA11AI.9808

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1620 Elderhill Road

City Driftwood	State TX	Zip Code 78619
-------------------	-------------	-------------------

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

Name of Employer Girling Community Care	Occupation General Manager
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	30	/	2012

Transaction ID : SA11AI.10259

Amount of Each Receipt this Period

50.00

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

Mailing Address 8820 Colberg Dr

City Austin	State TX	Zip Code 78749
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation Director of Internal Audit
---------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	13	/	2012

Transaction ID : SA11AI.9821

Amount of Each Receipt this Period

50.00

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

Mailing Address 8820 Colberg Dr

City Austin	State TX	Zip Code 78749
----------------	-------------	-------------------

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

Name of Employer Harden Healthcare	Occupation Director of Internal Audit
---------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	30	/	2012

Transaction ID : SA11AI.10262

Amount of Each Receipt this Period

50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. William B Parrish
Full Name (Last, First, Middle Initial)
Mailing Address 3200 Wild Canyon Loop
City Austin State TX Zip Code 78732
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Home Health Occupation: Vice President of Finance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **350.00**

Date of Receipt: 04 / 13 / 2012
Transaction ID : SA11AI.9861
Amount of Each Receipt this Period: **50.00**

B. William B Parrish
Full Name (Last, First, Middle Initial)
Mailing Address 3200 Wild Canyon Loop
City Austin State TX Zip Code 78732
FEC ID number of contributing federal political committee. **C**
Name of Employer: Girling Home Health Occupation: Vice President of Finance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt: 04 / 30 / 2012
Transaction ID : SA11AI.10276
Amount of Each Receipt this Period: **50.00**

C. Shanni F Ponce
Full Name (Last, First, Middle Initial)
Mailing Address 2818 Fountain Grove Cove
City Round Rock State TX Zip Code 78665
FEC ID number of contributing federal political committee. **C**
Name of Employer: MBS Rehab Occupation: Senior Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **280.00**

Date of Receipt: 04 / 06 / 2012
Transaction ID : SA11AI.9875
Amount of Each Receipt this Period: **40.00**

SUBTOTAL of Receipts This Page (optional)..... **140.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2818 Fountain Grove Cove

City Round Rock State TX Zip Code 78665

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

Name of Employer MBS Rehab Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 23 / 2012

Transaction ID : SA11AI.10124

Amount of Each Receipt this Period
40.00

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

Mailing Address 2818 Fountain Grove Cove

City Round Rock State TX Zip Code 78665

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

Name of Employer MBS Rehab Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 07 / 2012

Transaction ID : SA11AI.10445

Amount of Each Receipt this Period
40.00

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

Mailing Address 408 Beauty Lane

City Whitesboro State TX Zip Code 76273

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

Name of Employer MBS Rehab Occupation Occupational Therapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **175.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 06 / 2012

Transaction ID : SA11AI.9898

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **105.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Lisa Roundtree
Full Name (Last, First, Middle Initial)
Mailing Address 408 Beauty Lane
City Whitesboro State TX Zip Code 76273
FEC ID number of contributing federal political committee. **C**
Name of Employer MBS Rehab Occupation Occupational Therapist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **200.00**

Date of Receipt **04 / 23 / 2012**
Transaction ID : SA11AI.10135
Amount of Each Receipt this Period **25.00**

B. Lisa Roundtree
Full Name (Last, First, Middle Initial)
Mailing Address 408 Beauty Lane
City Whitesboro State TX Zip Code 76273
FEC ID number of contributing federal political committee. **C**
Name of Employer MBS Rehab Occupation Occupational Therapist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **225.00**

Date of Receipt **05 / 07 / 2012**
Transaction ID : SA11AI.10460
Amount of Each Receipt this Period **25.00**

C. Rebecca Shropshire
Full Name (Last, First, Middle Initial)
Mailing Address 722 Craig St
City Hillboro State TX Zip Code 76645
FEC ID number of contributing federal political committee. **C**
Name of Employer TRISUN Healthcare Occupation Administrator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **280.00**

Date of Receipt **04 / 06 / 2012**
Transaction ID : SA11AI.9914
Amount of Each Receipt this Period **40.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 722 Craig St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	23	/	2012

Transaction ID : SA11AI.10143

Amount of Each Receipt this Period
40.00

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

Mailing Address 722 Craig St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	07	/	2012

Transaction ID : SA11AI.10468

Amount of Each Receipt this Period
40.00

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

Mailing Address 991 Oak Ridge

City Shertz	State TX	Zip Code 78154
----------------	-------------	-------------------

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

Name of Employer MBS Rehab	Occupation Director of Clinical Services
-------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	06	/	2012

Transaction ID : SA11AI.9918

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 991 Oak Ridge

City Shertz	State TX	Zip Code 78154
----------------	-------------	-------------------

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

Name of Employer MBS Rehab	Occupation Director of Clinical Services
-------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2012

Transaction ID : SA11AI.10144

Amount of Each Receipt this Period
50.00

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

Mailing Address 991 Oak Ridge

City Shertz	State TX	Zip Code 78154
----------------	-------------	-------------------

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

Name of Employer MBS Rehab	Occupation Director of Clinical Services
-------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		07		2012

Transaction ID : SA11AI.10469

Amount of Each Receipt this Period
50.00

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

Mailing Address 2419 Edgecliff Path

City Georgetown	State TX	Zip Code 78626
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
439.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		06		2012

Transaction ID : SA11AI.9924

Amount of Each Receipt this Period
25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2419 Edgecliff Path

City Georgetown State TX Zip Code 78626

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

Name of Employer TRISUN Healthcare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **464.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2012

Transaction ID : SA11Al.10149

Amount of Each Receipt this Period
25.00

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

Mailing Address 2419 Edgecliff Path

City Georgetown State TX Zip Code 78626

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

Name of Employer TRISUN Healthcare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **489.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2012

Transaction ID : SA11Al.10473

Amount of Each Receipt this Period
25.00

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

Mailing Address 3208 MAIN CIRCLE WEST

City CLIFTON State CO Zip Code 81520

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

Name of Employer Voyager Hospice Occupation Clinical Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **175.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2012

Transaction ID : SA11Al.9929

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3208 MAIN CIRCLE WEST

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2012

Transaction ID : SA11AI.10009

Amount of Each Receipt this Period
25.00

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

Mailing Address 3208 MAIN CIRCLE WEST

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2012

Transaction ID : SA11AI.10477

Amount of Each Receipt this Period
25.00

C. Ronda Van Meter
Full Name (Last, First, Middle Initial)

Mailing Address 253 LCR 405

City Mexia	State TX	Zip Code 76667
---------------	-------------	-------------------

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

Name of Employer Girling Home Health	Occupation Regional Vice President
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : SA11AI.9939

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Ronda Van Meter

Mailing Address 253 LCR 405

City State Zip Code
Mexia TX 76667

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

Name of Employer Occupation
Girling Home Health Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
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 State Zip Code
Austin TX 78747

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

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012
Transaction ID : SA11AI.9944

Amount of Each Receipt this Period
55.00

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

Mailing Address 4506 Grand Cypress Drive

City State Zip Code
Austin TX 78747

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

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012
Transaction ID : SA11AI.10305

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1545 N CHARLES ST

City WICHITA State KS Zip Code 67203

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **175.00**

Date of Receipt: **04 / 05 / 2012**

Transaction ID : **SA11AI.9959**

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

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

Mailing Address 1545 N CHARLES ST

City WICHITA State KS Zip Code 67203

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt: **04 / 20 / 2012**

Transaction ID : **SA11AI.10011**

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

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

Mailing Address 1545 N CHARLES ST

City WICHITA State KS Zip Code 67203

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt: **05 / 07 / 2012**

Transaction ID : **SA11AI.10493**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Iris B Williams
Full Name (Last, First, Middle Initial)
Mailing Address 3733 Locke Lane

City Corpus Christi	State TX	Zip Code 78415
------------------------	-------------	-------------------

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

Name of Employer MBS Rehab	Occupation Director of Operations
-------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 06 / 2012

Transaction ID : SA11AI.9960

Amount of Each Receipt this Period
50.00

B. Iris B Williams
Full Name (Last, First, Middle Initial)
Mailing Address 3733 Locke Lane

City Corpus Christi	State TX	Zip Code 78415
------------------------	-------------	-------------------

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

Name of Employer MBS Rehab	Occupation Director of Operations
-------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 23 / 2012

Transaction ID : SA11AI.10166

Amount of Each Receipt this Period
50.00

C. Iris B Williams
Full Name (Last, First, Middle Initial)
Mailing Address 3733 Locke Lane

City Corpus Christi	State TX	Zip Code 78415
------------------------	-------------	-------------------

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

Name of Employer MBS Rehab	Occupation Director of Operations
-------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 07 / 2012

Transaction ID : SA11AI.10494

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Thomas Lloyd Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1703 W. 5th St Ste 700
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Vice President, Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : SA11AI.9962
 Amount of Each Receipt this Period
 40.00

B. Thomas Lloyd Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1703 W. 5th St Ste 700
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harden Healthcare Occupation Vice President, Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : SA11AI.10309
 Amount of Each Receipt this Period
 40.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	5580.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Harden Healthcare Services

Mailing Address 1703 W. 5th St #800

City Austin State TX Zip Code 78703

Purpose of Disbursement
Administrative Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2012

Transaction ID : SB21B.9974

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

600.00

600.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. MICHAEL WILLIAMS FOR CONGRESS

Mailing Address PO BOX 717

City AUSTIN State TX Zip Code 78767

Purpose of Disbursement
Political contribution

011

Candidate Name
MICHAEL L WILLIAMS

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 25

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : SB23.9977

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2000.00

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

2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Rep. ELLIOTT NAISHTAT

Mailing Address 6401 WILBUR DR

City AUSTIN State TX Zip Code 78757

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9975

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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