FEC FORM 3X	A	ND DISB	OF RECI URSEM An Authorize	ENTS	ee	(Office Use Only	
1. NAME OF COMMITTEE (in fi		E FEC MAILING TYPE OR PRIN	L/	ample:If typing er the lines	, type			
Harden Healthcare	LLC Federal P							
ADDRESS (number and	street)	703 W. 5th Stree	et 					
Check if differ		Suite 700						
than previousl reported. (AC	У , А	Austin					78703	
2. FEC IDENTIFICAT	ION NUMBER	₹	CITY 🛋		S	STATE	ZIPCODE	A
C00489740			3. IS THIS REPORT		NEW N) OR	AME (A)	NDED	
 4. TYPE OF REPO (Choose One) (a) Quarterly Rep 		(b) Monthly Report Due On:	Feb 20 (M2 Mar 20 (M3		May 20 (M5) Jun 20 (M6)	Aug 20		ov 20 (M11) on-Election ear Only) ec 20 (M12) on-Election ear Only)
July 15 Quarterly October Quarterly January	Report(Q3)	(c) 12-Day PRE -El Report) Primary (12P Convention (General (12 Special (12	2G) R	n 31 (YE) unoff (12R)
Year Onl	on-election	(d) 30-Day Post -E Report		General (300	à)	Runoff (30	R) Sp in the State of	becial (30S)
5. Covering Period	11	23 2	010	through	12	31	2010	
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 T. Lloyd Wilson								
Signature of Treasurer	Electronicall	y Filed by T. L	loyd Wilson		Da	ate 01	28 20	011
NOTE : Submission of	alse, erroneous	s, or incomplete i	nformation may s	ubject the perso	on signing this	Report to the p	enalties of 2 U.S.C	437g.
Office Use Only							FEC FORM (Rev. 12/2004)	3X

Image# 11930237952

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 50

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBORSEMENTS	2 / 50
	te or Type Committee Name Harden Healthcare LLC Federal PAC		
Rep		м м 11 23 2010 Т	o:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010 ^{Y Y Y}		0.00
(b) Cash on Hand at Begining of Reporting Period	4030.00	
(c) Total Receipts (from Line 19)	6793.00	10823.00
(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10823.00	10823.00
. т	otal Disbursements (from Line 31)	0.00	0.00
R	ash on Hand at Close of leporting Period subtract Line 7 from Line 6(d))	10823.00	10823.00
th	ebts and Obligations owed TO ne committee (Itemize all on chedule C and/or Schedule D)	0.00	
th	ebts and Obligations owed BY ne committee (Itemize all on chedule C and/or Schedule D)	0.00	

For further information contact:

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

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

FE6AN026

Image# 11930237953

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)	OF RECEIPTS	3 / 50
Write or Type Committee Name Harden Healthcare LLC Federal PA	C	
Report Covering the Period: From:	M M D D Y	To: M M J D D J Y Y Y Y 3 1 2 0 1 0
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Contributions (other than loans) From: (a) Individuals/Persons Other 		
Than Political Committees (i) Itemized (use Schedule A)	6793.00	10823.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6793.00	10823.00
(b) Political Party Committees	0.00	0.00
 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6793.00	10823.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
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 Fund	ds	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (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))	6793.00	10823.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6793.00	10823.00

Image# 11930237954

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		of Disbursements	4 / 50
	II. DISBURSEMENTS	COLUMN A	COLUMN B
21.	Operating Expenditures: (a) Shared Federal/Non-Federal	Total This Period	Calendar Year-to-Date
	(a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	Transfers to Affiliated/Other Party Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
	Independent Expenditure (use Schedule E) Coordinated Expenditures Made by Party	0.00	0.00
20.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
20.	(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	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared 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.			
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	0.00
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	0.00	0.00

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

5 / 50

	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)	6793.00	10823.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	6793.00	10823.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 50
	ITEMIZED RECEIPTS	for each category of the	(check only one)
		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	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	Harden Healthcare LLC Federal PAC		
۷ A.	Full Name (Last, First, Middle Initial) Cecilia Abbott		Date of Receipt
	Mailing Address 2601 Wooldridge		M M / D D / Y Y Y Y 111 30 2010
	City	State Zip Code	Transaction ID: SA11AI.4222
	Austin	TX 78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer Harden Healthcare Services	Occupation Managing Director, Community Relati	- ions
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General		
	Other (specify)	100.00	
- В.	Full Name (Last, First, Middle Initial) Cecilia Abbott	1	Date of Receipt
	Mailing Address 2601 Wooldridge		12 15 2010
	City	State Zip Code	Transaction ID: SA11AI.4265
	Austin	TX 78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Harden Healthcare Services	Occupation Managing Director, Community Relati	- ions
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify)	150.00	
- C.	Full Name (Last, First, Middle Initial) Cecilia Abbott	1	Date of Receipt
	Mailing Address 2601 Wooldridge		M M / D D / Y Y Y Y 12 30 2010
	City	State Zip Code	Transaction ID: SA11AI.4317
	Austin	TX 78703	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.		50.00
	Name of Employer Harden Healthcare Services	Occupation Managing Director, Community Relati	ions
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify)	200.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1	150.00
┝	CODICIAL OF RECEIPTS THIS Faye (optional)	►	
	TOTAL This Period (last page this line number	only)	

		[FOR LINE NUMBER: PAGE 7 / 50
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			Botaliou Guinnai y Fago	13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
ĺ	NAME OF COMMITTEE (In Full)			
	Harden Healthcare LLC Federal PAC			
Α.	Full Name (Last, First, Middle Initial) Brianna B Braden	Date of Receipt		
	Mailing Address 18821 Golddust Pass			1 1 ^D 3 0 ^Y 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.4223
	Pflugerville	ТХ	78660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Harden Healthcare Services	Occupation Senior Vi	n ce President, Human Resou	urces
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		200.00	
	Other (specify)	0 0	200.00	
в.	Full Name (Last, First, Middle Initial) Brianna B Braden			Date of Receipt
	Mailing Address 18821 Golddust Pass			M M / D D / Y Y Y Y 12 15 2010
	City	State	Zip Code	Transaction ID: SA11AI.4266
	<u>Pflugerville</u>	ТХ	78660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Harden Healthcare Services	Occupation Senior Vi	n ce President, Human Resou	urces
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		300.00	
	Other (specify)	0 0	300.00	
С.	Full Name (Last, First, Middle Initial) Brianna B Braden	-		Date of Receipt
	Mailing Address 18821 Golddust Pass			1 2 3 0 Y Y Y Y 1 2 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.4318
	<u>Pflugerville</u>	ТХ	78660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Harden Healthcare Services	Occupation Senior Vi	n ce President, Human Resou	urdes
	Receipt For:	1 1	Year-to-Date V	
	Primary General Other (specify) ▼		400.00]
[1		300.00
	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number of	only)		

A. F	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC Full Name (Last, First, Middle Initial) Vendi Bray Mailing Address 15705 Edenderry Dr City Austin EC ID number of contributing ederal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78717 C Occupation Senior Vice President, Finance Aggregate Year-to-Date 200.00	13 14 15 16 1 n for the purpose of soliciting contributions solicit contributions from such committee. 1 Date of Receipt 1 1 2 1 M M / 2 0 1 Transaction ID: SA11AI.4224 Amount of Each Receipt this Period 100.00 100.00
A. F	Harden Healthcare LLC Federal PAC Full Name (Last, First, Middle Initial) Wendi Bray Mailing Address 15705 Edenderry Dr Dity Austin EC ID number of contributing ederal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	TX 78717 C Occupation Senior Vice President, Finance Aggregate Year-to-Date	M M / D D / Y
A. <u>V</u> C <i>J</i> fti F	Vendi Bray Mailing Address 15705 Edenderry Dr City Austin EC ID number of contributing ederal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	TX 78717 C Occupation Senior Vice President, Finance Aggregate Year-to-Date	M M / D D / Y
C F fr F	City Austin EC ID number of contributing ederal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	TX 78717 C Occupation Senior Vice President, Finance Aggregate Year-to-Date	1 1 3 0 2 0 1 0 Transaction ID: SA11AI.4224 Amount of Each Receipt this Period
<u>/</u> F f F	Austin EC ID number of contributing ederal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) T	TX 78717 C Occupation Senior Vice President, Finance Aggregate Year-to-Date	Amount of Each Receipt this Period
- F fr - N - F	EC ID number of contributing ederal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	C Occupation Senior Vice President, Finance Aggregate Year-to-Date ▼	
fr 	ederal political committee. Name of Employer Harden Healthcare Services Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President, Finance Aggregate Year-to-Date ▼	
F	Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Senior Vice President, Finance Aggregate Year-to-Date	
	Ull Name (Last, First, Middle Initial)		
	Ull Name (Last, First, Middle Initial)	200.00	
	venui bray		Date of Receipt
Ν	Aailing Address 15705 Edenderry Dr		M M / D D / Y Y Y Y 12 15 2010
C	City	State Zip Code	Transaction ID: SA11AI.4267
<u> </u>	Austin	TX 78717	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	100.00
N H	lame of Employer larden Healthcare Services	Occupation Senior Vice President, Finance	
F	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	300.00	
	Full Name (Last, First, Middle Initial) Vendi Bray		Date of Receipt
Ν	Nailing Address 15705 Edenderry Dr		M M / D D / Y Y Y Y 12 30 2010
	City	State Zip Code	Transaction ID: SA11AI.4319
	Austin	TX 78717	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	100.00
N 	lame of Employer Harden Healthcare Services	Occupation Senior Vice President, Finance	
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SU	BTOTAL of Receipts This Page (optional)	۱ 	300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	() Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 50 (check only one) 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports ar or for commercial purposes, other than using	■ I Ind Statements may not be sold or used by any person the name and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PA	ſĊ	
Full Name (Last, First, Middle Initial) Timothy R Brittingham		Date of Receipt
Mailing Address 2807 S Gary Avenu	le	M M / D D / Y Y Y Y 11 26 2010
City	State Zip Code	Transaction ID: SA11AI.4219
Tulsa	OK 74114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Girling Community Care	Occupation Regional Manager, Oklahoma	
Receipt For:	Aggregate Year-to-Date V	1
Primary General Other (specify) ▼	50.00	
Full Name (Last, First, Middle Initial) Timothy R Brittingham		Date of Receipt
Mailing Address 2807 S Gary Avenu	le	M M / D D / Y Y Y Y 12 13 2010
City	State Zip Code	Transaction ID: SA11AI.4263
Tulsa	OK 74114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Girling Community Care	Occupation Regional Manager, Oklahoma	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	100.00	
Full Name (Last, First, Middle Initial) Timothy R Brittingham		Date of Receipt
Mailing Address 2807 S Gary Avenu	ie	M M / D D / Y Y Y Y 12 28 2010
City	State Zip Code	Transaction ID: SA11AI.4315
Tulsa	OK 74114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Girling Community Care	Occupation Regional Manager, Oklahoma	
Receipt For:	Aggregate Year-to-Date ▼	
Primary GeneralOther (specify) ▼	150.00	
SUBTOTAL of Receipts This Page (optiona		150.00
	ber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 50 (check only one) 11a 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	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC					
۷ A.	Full Name (Last, First, Middle Initial) Carolyn Claire Chase					
	Mailing Address 1901 Great Oaks Drive	9	1 1 ^D ^D ^D ^Y			
	City	State Zip Code	Transaction ID: SA11AI.4225			
	Round Rock	TX 78681	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	1.00			
	Name of Employer Harden Healthcare Services	Occupation Project Manager				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General Other (specify) ▼	2.00				
- В.	Full Name (Last, First, Middle Initial) Carolyn Claire Chase		Date of Receipt			
	Mailing Address 1901 Great Oaks Drive	9	M M / D D / Y Y Y Y 12 15 2010			
	City	State Zip Code	Transaction ID: SA11AI.4268			
	Round Rock	TX 78681	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		1.00			
	Name of Employer Harden Healthcare Services	Occupation Project Manager				
	Receipt For:	Aggregate Year-to-Date V	_			
	Primary General Other (specify) ▼	3.00				
– C.	Full Name (Last, First, Middle Initial) Carolyn Claire Chase	1	Date of Receipt			
	Mailing Address 1901 Great Oaks Drive	9	M M / D D / Y Y Y Y 12 30 2010			
	City	State Zip Code	Transaction ID: SA11AI.4320			
	Round Rock	TX 78681	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		1.00			
	Name of Employer Harden Healthcare Services	Occupation Project Manager				
	Receipt For:	Aggregate Year-to-Date 🔻				
	Primary General Other (specify)	4.00				
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	3.00			
F	TOTAL This Period (last page this line number	only)				

ITEMIZED F			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 50 (check only one) 11a X 11a 13 14 15 16
Any information co or for commercial	ppied from such Reports and Stat purposes, other than using the na	tements may ame and add	r not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MMITTEE (In Full) Ithcare LLC Federal PAC			
A. Cathi Coney	st, First, Middle Initial)			Date of Receipt
Mailing Addres	s 7207 Nine Oaks Cove			1 2 0 7 Y Y Y Y 1 2 0 7 2 0 1 0
City		State	Zip Code	Transaction ID: SA11AI.4257
Austin		TX	78759	Amount of Each Receipt this Period
FEC ID numbe federal political	er of contributing committee.	C		50.00
Name of Emplo MBS Pharmac	oyer y	Occupation Vice Pres	n sident, Operations	
Receipt For:	General	Aggregate	Year-to-Date 🔻	_
Primary Other (sp	General General Decify) ▼	0 0	100.00	
Full Name (Las Cathi Coney	st, First, Middle Initial)			Date of Receipt
Mailing Addres	s 7207 Nine Oaks Cove			M M / D D / Y Y Y Y 12 22 2010
City		State	Zip Code	Transaction ID: SA11AI.4306
Austin	6	TX	78759	Amount of Each Receipt this Period
federal political		C		50.00
Name of Emplo MBS Pharmac	oyer y	Occupation	n sident, Operations	
Receipt For: Primary	General	Aggregate	Year-to-Date	_
Other (sp			150.00	
Full Name (Las Sherrie Corso	st, First, Middle Initial)			Date of Receipt
Mailing Addres	s 533 Lavina Drive			M M / D D / Y Y Y Y 11 30 2010
City		State	Zip Code	Transaction ID: SA11AI.4226
<u>Bolingbrook</u>		IL	60440	Amount of Each Receipt this Period
FEC ID numbe federal political	er of contributing committee.	C		50.00
Name of Emplo Harden Health	oyer care Services	Occupation	n sident, Compliance	
Receipt For: Primary Other (sp	General becify) ▼	Aggregate	Year-to-Date 100.00]
SUBTOTAL of R	eceipts This Page (optional)			150.00
	iod (last page this line number on			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 50 (check only one) 11a X 11a 11b 13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	name and address of any political committee	to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Sherrie Corso Mailing Address 533 Lavina Drive		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.4269
	Bolingbrook	IL 60440	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Harden Healthcare Services	Occupation Vice President, Compliance	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	150.00	
В.	Full Name (Last, First, Middle Initial) Sherrie Corso		Date of Receipt
	Mailing Address 533 Lavina Drive		12 30 Y Y Y Y 12 30 2010
	City	State Zip Code	Transaction ID: SA11AI.4321
	Bolingbrook	IL 60440	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Harden Healthcare Services	Occupation Vice President, Compliance	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	200.00	
C.	Full Name (Last, First, Middle Initial) Gloria R Crawford		Date of Receipt
	Mailing Address 6013 Forest Shadow		1 1 3 0 Y Y Y Y 1 1 3 0 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.4227
	San Antonio	TX 78240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Girling Community Care	Occupation Regional Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 30.00	
	SUBTOTAL of Receipts This Page (optional)		130.00
	TOTAL This Period (last page this line number	only)	•

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 50 (check only one) (check 11 a) 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)	atements may not be sold or used by any p name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	Harden Healthcare LLC Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Gloria R Crawford		Date of Receipt
	Mailing Address 6013 Forest Shadow		
	City San Antonio	State Zip Code TX 78240	Transaction ID: SA11AI.4270 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer Girling Community Care	Occupation Regional Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 60.00	
в.	Full Name (Last, First, Middle Initial) Gloria R Crawford		Date of Receipt
	Mailing Address 6013 Forest Shadow		1 2 3 0 Y Y Y Y 1 2 3 0 2 0 1 0
	City San Antonio	State Zip Code TX 78240	Transaction ID: SA11AI.4322
	FEC ID number of contributing federal political committee.	TX 78240	Amount of Each Receipt this Period 30.00
	Name of Employer Girling Community Care	Occupation Regional Director	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date 90.00	
С.	Full Name (Last, First, Middle Initial) Lisa Lynn Cupps		Date of Receipt
	Mailing Address 2450 CR 253		M M / D D / Y Y Y Y 111 30 2010
	City	State Zip Code	Transaction ID: SA11AI.4228
	Comanche FEC ID number of contributing federal political committee.	TX 76442	Amount of Each Receipt this Period
	Name of Employer Girling Community Care	Occupation Regional Director, West Texas	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 50.00	
	SUBTOTAL of Receipts This Page (optional)		110.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/50 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	and Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal P.	AC	
Full Name (Last, First, Middle Initial) Lisa Lynn Cupps		Date of Receipt
Mailing Address 2450 CR 253		12 ¹ 15 ² 2010
City	State Zip Code	Transaction ID: SA11AI.4271
Comanche	TX 76442	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Girling Community Care	Occupation Regional Director, West Texas	
Receipt For:	Aggregate Year-to-Date V	1
Primary General Other (specify) ▼	100.00	
Full Name (Last, First, Middle Initial) Lisa Lynn Cupps	1	Date of Receipt
Mailing Address 2450 CR 253		M M / D D / Y Y Y Y 12 30 2010
City	State Zip Code	Transaction ID: SA11AI.4323
Comanche	TX 76442	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Girling Community Care	Occupation Regional Director, West Texas	
Receipt For:	Aggregate Year-to-Date V	
 Primary General Other (specify) ▼ 	150.00	
Full Name (Last, First, Middle Initial) James Wayne Douglas		Date of Receipt
Mailing Address 4701 Circle Oak C	ove	M M / D D / Y Y Y Y 11 30 2010
City	State Zip Code	Transaction ID: SA11AI.4229
Austin	TX 78749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Girling Community Care	Occupation President	
Receipt For:	Aggregate Year-to-Date V	
Primary GeneralOther (specify) ▼	100.00	
SUBTOTAL of Receipts This Page (option	al)	200.00
	,	· · · · · · · · · · ·

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 50 (check only one) 11a 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)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	Harden Healthcare LLC Federal PAC		
Α.	Full Name (Last, First, Middle Initial) James Wayne Douglas		Date of Receipt
	Mailing Address 4701 Circle Oak Cove		1 2 1 5 Y Y Y Y 1 2 1 5 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.4272
	Austin	TX 78749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Girling Community Care	Occupation President	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify)	200.00	
- В.	Full Name (Last, First, Middle Initial) James Wayne Douglas		Date of Receipt
	Mailing Address 4701 Circle Oak Cove		M M / D D / Y Y Y Y 12 30 2010
	City	State Zip Code	Transaction ID: SA11AI.4324
	Austin	TX 78749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Girling Community Care	Occupation President	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	300.00	
– C.	Full Name (Last, First, Middle Initial) Mark Duncan		Date of Receipt
	Mailing Address 799 W Bartlett		M M / D D / Y Y Y Y 11 1 30 2010
	City	State Zip Code	Transaction ID: SA11AI.4230
	Buda	TX 78610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Operations, North	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	150.00	
	SUBTOTAL of Receipts This Page (optional)	•	275.00
	TOTAL This Period (last page this line number	only)	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 16 / 50 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or commercial purposes, other than using the NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	name and ad	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mark Duncan Mailing Address 799 W Bartlett			Date of Receipt
	City	State	Zip Code	1 2 1 5 2 0 1 0 Transaction ID: SA11AI.4273
	Buda	TX	78610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer TRISUN Healthcare	Occupatio Vice Pre	on sident, Operations, North	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 225.00]
В.	Full Name (Last, First, Middle Initial) Mark Duncan Mailing Address 799 W Bartlett			Date of Receipt
				12 30 2010
	City Buda	State TX	Zip Code 78610	Transaction ID: SA11AI.4325
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 75.00
	Name of Employer TRISUN Healthcare	Occupatio Vice Pre	on sident, Operations, North	
	Receipt For: Primary General Other (specify) v	Aggregate	e Year-to-Date V 300.00]
C.	Full Name (Last, First, Middle Initial) Scott Ellyson			Date of Receipt
	Mailing Address 824 Stonewall Ridge			1 1 / D D / Y Y Y Y 1 1 / 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.4231
	Austin FEC ID number of contributing	TX	78746	Amount of Each Receipt this Period
	federal political committee.	C		100.00
	Name of Employer Harden Healthcare	Occupatio Chief Fir	n nancial Officer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date 200.00]
s	JBTOTAL of Receipts This Page (optional)		······	250.00
т	OTAL This Period (last page this line number of	only)		

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 50 (check only one) (check only one) 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	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC			
⊻ A.	Full Name (Last, First, Middle Initial) Scott Ellyson			Date of Receipt
	Mailing Address 824 Stonewall Ridge			12 / D D / Y Y Y Y 15 2010
	City	State	Zip Code	Transaction ID: SA11AI.4274
	Austin	TX	78746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Harden Healthcare	Occupation Chief Fin	n Iancial Officer	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify)		300.00]
- В.	Full Name (Last, First, Middle Initial) Scott Ellyson			Date of Receipt
	Mailing Address 824 Stonewall Ridge			M M M / D D / Y Y Y Y Y <thy< th=""> Y <thy< td=""></thy<></thy<>
	City	State	Zip Code	Transaction ID: SA11AI.4326
	Austin	TX	78746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Harden Healthcare	Occupation Chief Fin	n Iancial Officer	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify)	0 0	400.00	
– C.	Full Name (Last, First, Middle Initial) Tricia Fox			Date of Receipt
	Mailing Address P O Box 190			M M / D D / Y Y Y Y Y 11 1 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.4232
	Florence	TX	76527	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Girling Home Health	1 · · · · · · · · · · · · · · · · · · ·	sident, Rehab	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify)	0 0	100.00	
Γ	SUBTOTAL of Receipts This Page (optional)		······	250.00
	TOTAL This Period (last page this line number	only)		

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	Statements may not be sold or used by any person ne name and address of any political committee to s	of or the purpose of soliciting contributions solicit contributions from such committee.
A Harden Healthcare LLC Federal PAC	,	
Full Name (Last, First, Middle Initial) Tricia Fox		Date of Receipt
Mailing Address P O Box 190		12 / 15 / Y Y Y 12 15 / 2010
City	State Zip Code	Transaction ID: SA11AI.4275
Florence	TX 76527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		50.00
Name of Employer Girling Home Health	Occupation Vice President, Rehab	
Receipt For:	Aggregate Year-to-Date V	
Other (specify) ▼	150.00	
Full Name (Last, First, Middle Initial) Tricia Fox		Date of Receipt
Mailing Address P O Box 190		1 2 / D D / Y Y Y Y 1 2 3 0 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.4327
Florence	TX 76527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Girling Home Health	Occupation Vice President, Rehab	
Receipt For:	Aggregate Year-to-Date V]
Primary General Other (specify) ▼	200.00	
Full Name (Last, First, Middle Initial) Stacy J Gardner	1	Date of Receipt
Mailing Address 10240 Missel Thrush		1 2 2 2 2 1 0
City	State Zip Code	Transaction ID: SA11AI.4307
Austin	TX 78750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1.00
Name of Employer	Occupation]
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1.00	
SUBTOTAL of Receipts This Page (optional)		101.00
TOTAL This Period (last page this line number		

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	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 19/50 (check only one)
I7	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a $11b$ 11c 12
A o	ny information copied from such Reports and r for commercial purposes, other than using t	I Statements may not be sold or used by any person he name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	Harden Healthcare LLC Federal PAC	2	
<i>ب</i> د ٨.	Full Name (Last, First, Middle Initial) Benjamin Hanson		Date of Receipt
	Mailing Address 2211 Sunny Slope D	M M / D D / Y	
	City	State Zip Code	Transaction ID: SA11AI.4233
	Austin	TX 78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer Harden Healthcare	Occupation Sr Vice President & General Counsel	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General		
	Other (specify)	150.00	
	Full Name (Last, First, Middle Initial) Benjamin Hanson	•	Date of Receipt
	Mailing Address 2211 Sunny Slope D	rive	12 / 15 / Y Y Y Y 12 15
	City	State Zip Code	Transaction ID: SA11AI.4276
	Austin	TX 78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer Harden Healthcare	Occupation Sr Vice President & General Counsel	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	225.00	
_	Full Name (Last, First, Middle Initial) Benjamin Hanson		Date of Receipt
	Mailing Address 2211 Sunny Slope D	rive	12 30 2010
	City	State Zip Code	Transaction ID: SA11AI.4328
	Austin	TX 78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	75.00
	Name of Employer Harden Healthcare	Occupation Sr Vice President & General Counsel	-
	Name of Employer Harden Healthcare Receipt For:		
	Name of Employer Harden Healthcare	Sr Vice President & General Counsel	
Γ	Name of Employer Harden Healthcare Receipt For: Primary General	Sr Vice President & General Counsel Aggregate Year-to-Date 300.00	225.00

SCHEDULE A (FEC Form 3)	() Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 50 (check only one)
ITEMIZED RECEIPTS	for each category of the	
	Detailed Summary Page	
Any information conied from such Penerts or	nd Statements may not be sold or used by any person	
or for commercial purposes, other than using	the name and address of any political committee to s	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Harden Healthcare LLC Federal PA	AC	
Full Name (Last, First, Middle Initial)		Data of Descript
. James Hardee Mailing Address 5925 West Lake Dr		Date of Receipt
Mailing Address 5925 West Lake Dr	ive	1 1 3 0 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.4234
Sandia	TX 78383	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer TRISUN Healthcare	Occupation Chief Operations Officer	
Receipt For	Chief Operations Officer	
Receipt For: Primary General	Aggregate Year-to-Date	
Other (specify)	200.00	
Full Name (Last, First, Middle Initial)		
James Hardee		Date of Receipt
Mailing Address 5925 West Lake Dr	rive	M M / D D / Y Y Y Y
		12 15 2010
City	State Zip Code	Transaction ID: SA11AI.4277
<u>Sandia</u>	TX 78383	Amount of Each Receipt this Period
FEC ID number of contributing	C	100.00
federal political committee.		
Name of Employer TRISUN Healthcare	Occupation	
	Chief Operations Officer	
Receipt For:	Aggregate Year-to-Date	
Primary General	300.00	
Other (specify)		
Full Name (Last First Middle Latt 9		
Full Name (Last, First, Middle Initial) James Hardee		Date of Receipt
Mailing Address 5925 West Lake Dr	ive	
		12 30 2010
City	State Zip Code	Transaction ID: SA11AI.4329
Sandia	TX 78383	Amount of Each Receipt this Period
FEC ID number of contributing		100.00
federal political committee.		
Name of Employer	Occupation	4
Name of Employer TRISUN Healthcare	Chief Operations Officer	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	400.00	
· · · · · · · · · · · · · · · · · · ·		
		000.00
SUBTOTAL of Receipts This Page (optional	al)	300.00
	al)	300.0

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 50 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g the name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
Harden Healthcare LLC Federal P	AC	
Full Name (Last, First, Middle Initial) Dana Marie Hasley		Date of Receipt
Mailing Address 11855 N 207 E Av	renue	M M / D D / Y Y Y Y 11 26 2010
City	State Zip Code	Transaction ID: SA11AI.4220
Claremore	OK 74019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Girling Community Care	Occupation Regional Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	50.00	
Full Name (Last, First, Middle Initial) Dana Marie Hasley		Date of Receipt
Mailing Address 11855 N 207 E Av	renue	M M / D D / Y Y Y Y 12 13 2010
City	State Zip Code	Transaction ID: SA11AI.4264
Claremore	OK 74019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Girling Community Care	Occupation Regional Vice President	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify) ▼	100.00	
Full Name (Last, First, Middle Initial) Dana Marie Hasley		Date of Receipt
Mailing Address 11855 N 207 E Av	renue	M M / D D / Y Y Y Y 12 28 2010
City	State Zip Code	Transaction ID: SA11AI.4316
<u>Claremore</u>	OK 74019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Girling Community Care	Occupation Regional Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	150.00	
SUBTOTAL of Receipts This Page (option	nal)	150.00
	mber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 50 (check only one) 11a 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	tatements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
A.	Full Name (Last, First, Middle Initial) Robin J Hayes		Date of Receipt
	Mailing Address 6112 Jumano Lane		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.4235
	Austin	TX 78749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Professional Services	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	100.00	
В.	Full Name (Last, First, Middle Initial) Robin J Hayes		Date of Receipt
	Mailing Address 6112 Jumano Lane		12 / D D / Y Y Y Y 15 / 2010
	City	State Zip Code	Transaction ID: SA11AI.4305
	Austin	TX 78749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Professional Services	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	150.00	
с.	Full Name (Last, First, Middle Initial) Robin J Hayes		Date of Receipt
	Mailing Address 6112 Jumano Lane		12 / D D / Y Y Y Y 12 30 / 2010
	City	State Zip Code	Transaction ID: SA11AI.4330
	Austin	TX 78749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Professional Services	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	200.00	
	SUBTOTAL of Receipts This Page (optional)	······	150.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 50 (check only one)
I	TEMIZED 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 S or for commercial purposes, other than using the	tatements may not be sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
لا A.	Full Name (Last, First, Middle Initial) Jason D Herd		Date of Receipt
	Mailing Address 1807 Intervail Dr.	12 / ^D D / <u>Y</u> Y Y Y 12 30 2010	
	City	State Zip Code TX 78746	Transaction ID: SA11AI.4331
	Austin FEC ID number of contributing federal political committee.	TX 78746	Amount of Each Receipt this Period
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1.00	
– В.	Full Name (Last, First, Middle Initial) Janelle B Hesselsweet Mailing Address 2709 Barton's Bluff Ln		Date of Receipt
	City	State Zip Code	<u>1 1 3 0 2 0 1 0</u> Transaction ID: SA11AI.4236
	Austin	TX 78746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer Harden Healthcare Services	Occupation Regional HR Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 20.00	
– c.	Full Name (Last, First, Middle Initial) Janelle B Hesselsweet		Date of Receipt
	Mailing Address 2709 Barton's Bluff Ln		
	City	State Zip Code	Transaction ID: SA11AI.4279
	Austin FEC ID number of contributing federal political committee.	TX 78746	Amount of Each Receipt this Period 10.00
	Name of Employer Harden Healthcare Services	Occupation Regional HR Manager	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00	
ſ	SUBTOTAL of Receipts This Page (optional)	•	21.00
	TOTAL This Period (last page this line number	only)	

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Ş	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 50
ľ		for each category of the	(check only one)
		Detailed Summary Page	
Γ			
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
k	NAME OF COMMITTEE (In Full)		
	Harden Healthcare LLC Federal PAC		
	/		
	Full Name (Last, First, Middle Initial) Janelle B Hesselsweet		Date of Receipt
-	Mailing Address 2709 Barton's Bluff Ln		
			12 30 2010
	City	State Zip Code	Transaction ID: SA11AI.4333
	Austin	TX 78746	Amount of Each Receipt this Period
	FEC ID number of contributing	C	10.00
	federal political committee.		
	Name of Employer Harden Healthcare Services	Occupation	
	Harden Healthcare Services	Regional HR Manager	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		1
	Other (specify) v	40.00	1
_			
	Full Name (Last, First, Middle Initial) Chelsea M Holden		Date of Receipt
•	Mailing Address 4000 Dunning Lane		
			11 30 2010
	City	State Zip Code	Transaction ID: SA11AI.4237
	Austin	TX 78746	Amount of Each Receipt this Period
	FEC ID number of contributing	C	20.00
	federal political committee.		
	Name of Employer	Occupation	-
	Harden Healthcare Services	Government Relations Liaison	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General	40.00	1
	Other (specify)	40.00]
_	Full Name (Last, First, Middle Initial)		
	Chelsea M Holden		Date of Receipt
	Mailing Address 4000 Dunning Lane		
			12 15 2010
	City	State Zip Code	Transaction ID: SA11AI.4280
	Austin	TX 78746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Harden Healthcare Services	Occupation	
		Government Relations Liaison	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	60.00	
			4
Г		1	
	SUBTOTAL of Receipts This Page (optional)	b	50.00
┢			· · · · · · · · · · · ·
	TOTAL This Period (last page this line number	only)	•
	· · · · · · · · · · · · · · · · · · ·	••	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER: PAGE 25 / 5 (check now) one) X 11a 1 th 15 12 13 1 th 15 12 16 Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution 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 Date of Receipt City State Zip Code Mailing Address 4000 Dunning Lane Date of Receipt this Period City State Zip Code Harden Healthcare Services Coccupation Government Relations Liaison Date of Receipt Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 1410 W Fillmore St 12 0 3 0 / 201 City State Zip Code Transaction Di: SA11AL4334 Amount of Each Receipt His Period 30 / 201 30 / 201 Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ 20 / 201 Kelly Ann Jalowice C 30 / 201 30 / 201 City State Zip Code 11 / 30 / 201 Full Name (Last, First, Middle In	1 S ·
ITEMIZED RECEIPTS for each category of the Detailed Summary Page Image: The Detailed Summary Page Image: The Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. Image: The Detailed Summary Page Image: The Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. Image: The Detailed Summary Page Image: The Detailed Summary Page NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC Image: The Detailed Summary Page Image: The Detailed Summary Page Austin Full Name (Last, First, Middle Initial) Image: The Detailed Summary Page Image: The Detailed Summary Page Image: The Detailed Summary Page Austin Tx Tage: The Summary Page Image: The Detailed Summary Page Image: The Detailed Summary Page Image: The Summary Page Name of Each Receipt The Summary Address 4000 Dunning Lane Image: The Summary Page Image: The Summary Page Image: The Summary Page Image: The Summary Page Image: The Summary Page: The Summary Page Image: The Summary Page: The	S Y O
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FEC ID number of contributing federal political committee. 125.0 Name of Employer Harden Healthcare Services Occupation Senior Vice President, IT Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼	Wimberley	TX 78676	Amount of Each Receipt this Period
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00		C	125.00
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00	Name of Employer Harden Healthcare Services		-
Primary General Other (specify) ▼ 500.00	Receipt For:		1
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	for each ca Detailed Si atements may not be sold o	ate schedule(s) ategory of the ummary Page r used by any person	FOR LINE NUMBER: PAGE 29 / 50 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	name and address of any p	olitical committee to s	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Kimberly A Layton Mailing Address 9513 Prescott Drive			Date of Receipt
	City	State Zip Code	2	Transaction ID: SA11AI.4239
	Austin	TX 78748	·	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Harden Healthcare	Occupation President, Leadershi	p Development In	- st
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	▼ 200.00	
В.	Full Name (Last, First, Middle Initial) Kimberly A Layton Mailing Address 9513 Prescott Drive			Date of Receipt
				12 15 2010
	City	State Zip Code	9	Transaction ID: SA11AI.4286
	Austin	TX 78748		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Harden Healthcare	Occupation President, Leadershi	·	st
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	300.00	
с.	Full Name (Last, First, Middle Initial) Kimberly A Layton			Date of Receipt
	Mailing Address 9513 Prescott Drive			M M / D D / Y Y Y Y 12 30 2010
	City	State Zip Code)	Transaction ID: SA11AI.4339
	Austin FEC ID number of contributing	TX 78748	U U	Amount of Each Receipt this Period
	federal political committee.			
	Name of Employer Harden Healthcare	Occupation President, Leadershi		st
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	400.00	
	SUBTOTAL of Receipts This Page (optional)		····· ►	300.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 50 (check only one) 11a 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	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
∠ A.	Full Name (Last, First, Middle Initial) George Ledbetter		Date of Receipt
	Mailing Address 1620 Elderhill Road		M M / D D / Y Y Y Y 11 1 30 2010
	City	State Zip Code	Transaction ID: SA11AI.4240
	Driftwood	TX 78619	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Community Care	Occupation General Manager	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	50.00	
В.	Full Name (Last, First, Middle Initial) George Ledbetter		Date of Receipt
	Mailing Address 1620 Elderhill Road		M M / D D / Y Y Y Y 12 15 2010
	City	State Zip Code	Transaction ID: SA11AI.4287
	Driftwood	TX 78619	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Community Care	Occupation General Manager	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	100.00	
– C.	Full Name (Last, First, Middle Initial) George Ledbetter	I	Date of Receipt
	Mailing Address 1620 Elderhill Road		M M / D D / Y Y Y Y 12 30 2010
	City	State Zip Code	Transaction ID: SA11AI.4340
	Driftwood	TX 78619	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Girling Community Care	Occupation General Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	
ſ	SUBTOTAL of Receipts This Page (optional)		150.00
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Г				-	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements ma name and ad	y not be sold or used by an dress of any political comm	ny person nittee to s	for the purpose of soliciting contributions olicit contributions from such committee.
ſ	NAME OF COMMITTEE (In Full)				
	Harden Healthcare LLC Federal PAC				
Α.	Full Name (Last, First, Middle Initial) Maria A MacKeil				Date of Receipt
	Mailing Address 8820 Colberg Dr				M M / D D / Y Y Y Y 111 30 2010
	City	State	Zip Code		Transaction ID: SA11AI.4242
	Austin	ТХ	78749		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			50.00
	Name of Employer	Occupatio	on		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General	.33.034		00	
	Other (specify)		50.	00	
- В.	Full Name (Last, First, Middle Initial) Maria A MacKeil	I			Date of Receipt
	Mailing Address 8820 Colberg Dr				M M / D D / Y Y Y Y 12 15 2010
	City	State	Zip Code		Transaction ID: SA11AI.4288
	Austin	TX	78749		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			50.00
	Name of Employer	Occupatio	on		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General	, iggi ogut			
	Other (specify)	0 0	100.	00	
- C.	Full Name (Last, First, Middle Initial) Maria A MacKeil	•			Date of Receipt
	Mailing Address 8820 Colberg Dr				M M / D D / Y Y Y Y 12 30 2010
	City	State	Zip Code		Transaction ID: SA11AI.4341
	Austin	ТХ	78749		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			50.00
	Name of Employer	Occupatio	on		-
	Receipt For:	Aggregate	e Year-to-Date 🔻		-
	Primary General		150.	00	
	Other (specify)	0 0			
ſ	SUBTOTAL of Receipts This Page (optional)	-			150.00
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate s for each catego Detailed Sumn	ory of the nary Page	FOR LINE NUMBER: PAGE 32 / 50 (check only one) (check only one) 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)	a name and address of any politic	al committee to s	solicit contributions from such committee.
	Harden Healthcare LLC Federal PAC			
Α.	Full Name (Last, First, Middle Initial) Michael A McMaude			Date of Receipt
	Mailing Address 640 E 3rd Ave			M M / D D / Y Y Y Y 1 1 30 / 2010
	City	State Zip Code		Transaction ID: SA11AI.4244
	Durango	CO 81301-5253		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0	50.00
	Name of Employer Harden Healthcare	Occupation Chief Operating Officer		
	Receipt For:	Aggregate Year-to-Date ▼		
	Other (specify)		100.00	
			0 0 0	
в.	Full Name (Last, First, Middle Initial) Michael A McMaude			Date of Receipt
	Mailing Address 640 E 3rd Ave			M M / D D / Y Y Y Y 12 15 2010
	City	State Zip Code		Transaction ID: SA11AI.4289
	Durango	CO 81301-5253		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Harden Healthcare	Occupation Chief Operating Officer		
	Receipt For:	Aggregate Year-to-Date 🔻		
	Primary General Other (specify) ▼		150.00	
- С.	Full Name (Last, First, Middle Initial) Michael A McMaude	1		Date of Receipt
	Mailing Address 640 E 3rd Ave			1 2 / 3 0 / Y Y Y Y 1 2 / 3 0 / 2 0 1 0
	City	State Zip Code		Transaction ID: SA11AI.4342
	Durango	CO 81301-5253		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1	50.00
	Name of Employer Harden Healthcare	Occupation Chief Operating Officer		
	Receipt For:	Aggregate Year-to-Date V		
	 Primary General Other (specify) ▼ 		200.00	
	SUBTOTAL of Receipts This Page (optional)		····· •	150.00
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 50 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and addres	ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Harden Healthcare LLC Federal PAC			
Α.	Full Name (Last, First, Middle Initial) Kenneth Meyers			Date of Receipt
	Mailing Address 6118 W Louise Drive			1 1 ^D ^D ^D ^Y ^Y ^Y ^Y ^Y ^Y
	City	State	Zip Code	Transaction ID: SA11AI.4245
	Glendale	AZ	85310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Girling Home Health	Occupation Vice Preside	ent	
	Receipt For:	Aggregate Ye	ear-to-Date V	
	Primary General Other (specify) ▼		100.00	
В.	Full Name (Last, First, Middle Initial) Kenneth Meyers	•		Date of Receipt
	Mailing Address 6118 W Louise Drive			M M / D D Y
	City	State	Zip Code	Transaction ID: SA11AI.4290
	Glendale	AZ	85310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Girling Home Health	Occupation Vice Preside	ent	
	Receipt For: Primary General	Aggregate Ye	ear-to-Date 🔻	_
	Other (specify) \bigtriangledown	0 0 0	150.00	
C.	Full Name (Last, First, Middle Initial) Kenneth Meyers	1		Date of Receipt
	Mailing Address 6118 W Louise Drive			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.4343
	Glendale	AZ	85310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Girling Home Health	Occupation Vice Preside		
	Receipt For:	Aggregate Ye	ear-to-Date 🔻	_
	Other (specify) ▼		200.00	
	SUBTOTAL of Receipts This Page (optional)		······	150.00
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 50 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personance and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Harden Healthcare LLC Federal PAC		
A.	Full Name (Last, First, Middle Initial) Deborah Morgan		Date of Receipt
	Mailing Address 5404 Agatha Circle		1 1 3 0 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.4246
	Austin	TX 78724	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer Harden Healthcare Services	Occupation PMO Director	
	Receipt For:	Aggregate Year-to-Date	
	 Primary General Other (specify) ▼ 	100.00	
в.	Full Name (Last, First, Middle Initial) Deborah Morgan		Date of Receipt
	Mailing Address 5404 Agatha Circle		12 / D D / Y Y Y Y 15 2010
	City	State Zip Code	Transaction ID: SA11AI.4291
	Austin	TX 78724	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Harden Healthcare Services	Occupation PMO Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00]
- C.	Full Name (Last, First, Middle Initial) Deborah Morgan		Date of Receipt
	Mailing Address 5404 Agatha Circle		1 2 3 0 Y Y Y Y 1 2 3 0 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.4344
	Austin	TX 78724	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer Harden Healthcare Services	Occupation PMO Director	
	Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date 200.00]
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A. $\frac{\int_{1}^{1} dr f dr}{h}$	information copied from such Reports and r commercial purposes, other than using th IAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC Full Name (Last, First, Middle Initial) Ioseph Odom Mailing Address 13020 Humphrey Driv	Statements may not be sold or used by any persor e name and address of any political committee to s	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
A. <u>.</u>	Harden Healthcare LLC Federal PAC		
۹ . <u>-</u>	oseph Odom		
1	Nailing Address 13020 Humphrey Driv		Date of Receipt
		/e	1 1 / 3 0 / Y Y Y Y 1 1 / 3 0
	City	State Zip Code	Transaction ID: SA11AI.4247
- F	Austin EC ID number of contributing ederal political committee.	TX 78729	Amount of Each Receipt this Period
- 1 1	lame of Employer Harden Healthcare Services	Occupation IT Manager	-
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	
. <u>·</u>	full Name (Last, First, Middle Initial) loseph Odom Aailing Address 13020 Humphrey Driv	Ι <u></u>	Date of Receipt
-	······································		12 15 2010
	City Nuction	State Zip Code TX 78729	Transaction ID: SA11AI.4292
- F	Austin EC ID number of contributing ederal political committee.	TX 78729	Amount of Each Receipt this Period
- 1 1	lame of Employer larden Healthcare Services	Occupation IT Manager	-
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	
	ull Name (Last, First, Middle Initial) loseph Odom		Date of Receipt
Ν	Aailing Address 13020 Humphrey Driv	/e	M M / D D / Y Y Y Y 12 30 2010
	Dity	State Zip Code	Transaction ID: SA11AI.4345
_	Austin	TX 78729	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.		50.00
1	lame of Employer Harden Healthcare Services	Occupation IT Manager	
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	
su	BTOTAL of Receipts This Page (optional) .	·····	150.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 50 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
	Full Name (Last, First, Middle Initial)		
Α.	Victoria Palm Mailing Address 3507 Abrazo		Date of Receipt
	City	State Zip Code	1 1 3 0 2 0 1 0 Transaction ID: SA11AI.4248
	San Antonio	TX 78247	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer TRISUN Healthcare	Occupation Regional Vice President	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General		
	Other (specify)	100.00	
в.	Full Name (Last, First, Middle Initial) Victoria Palm		Date of Receipt
	Mailing Address 3507 Abrazo		M M / D D / Y Y Y Y 12 15 2010
	City	State Zip Code	Transaction ID: SA11AI.4293
	San Antonio	TX 78247	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer TRISUN Healthcare	Occupation Regional Vice President	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	150.00	
с.	Full Name (Last, First, Middle Initial) Victoria Palm	1	Date of Receipt
	Mailing Address 3507 Abrazo		M M / D D / Y Y Y Y 12 30 2010
	City	State Zip Code	Transaction ID: SA11AI.4346
	San Antonio	TX 78247	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer TRISUN Healthcare	Occupation Regional Vice President	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	175.00	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	125.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each cat Detailed Su	mmary Page	FOR LINE NUMBER: PAGE 37 / 50 (check only one) 11a X 11a 11b 11c 12 I 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s				
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC					
A.	Full Name (Last, First, Middle Initial) Mark Pinckard	Date of Receipt				
	Mailing Address 2913 Richfield Landing	M M / D D / Y				
	City	State Zip Code		Transaction ID: SA11AI.4249		
	Pflugerville FEC ID number of contributing federal political committee.	TX 78660	0 0	Amount of Each Receipt this Period		
	Name of Employer	Occupation	1 1	_		
	Girling Community Care Receipt For:	Financial Analyst Aggregate Year-to-Date	▼	-		
	Primary General Other (specify) ▼		25.00			
В.	Full Name (Last, First, Middle Initial) Mark Pinckard	1		Date of Receipt		
	Mailing Address 2913 Richfield Landing	12 ^M 15 ^J 2010				
	City	State Zip Code		Transaction ID: SA11AI.4294		
	Pflugerville FEC ID number of contributing federal political committee.	TX 78660	0 0	Amount of Each Receipt this Period 25.00		
	Name of Employer Girling Community Care	Occupation Financial Analyst		-		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	▼			
- C.	Full Name (Last, First, Middle Initial) Mark Pinckard			Date of Receipt		
•	Mailing Address 2913 Richfield Landing	9		1 2 3 0 Y Y Y Y Y 1 2 3 0 2 0 1 0		
	City Dflugeruille	State Zip Code		Transaction ID: SA11AI.4347		
	Pflugerville FEC ID number of contributing federal political committee.	TX 78660	U U	Amount of Each Receipt this Period		
	Name of Employer Girling Community Care	Occupation Financial Analyst		-		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	75.00			
	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: PAGE 38 / 50 (check only one) (check 112) X 11a 11b 11c 12 13 14 15 16 11						
Any information copied from such Reports an or for commercial purposes, other than using	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for 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 PA	С							
Full Name (Last, First, Middle Initial) Robin A Polk		Date of Receipt						
Mailing Address 201 CR 326A		M M / D D Y						
City	State Zip Code	Transaction ID: SA11AI.4250						
Rosebud	TX 76570	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	25.00						
Name of Employer Girling Community Care	Occupation Regional Manager, Compliance							
Receipt For:	Aggregate Year-to-Date ▼	1						
Primary General Other (specify) ▼	25.00							
Full Name (Last, First, Middle Initial) Robin A Polk		Date of Receipt						
Mailing Address 201 CR 326A	1 2 1 5 2 0 1 0							
City	State Zip Code	Transaction ID: SA11AI.4295						
Rosebud	TX 76570	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	25.00						
Name of Employer Girling Community Care	Occupation Regional Manager, Compliance							
Receipt For:	Aggregate Year-to-Date V							
Primary General Other (specify) ▼	50.00							
Full Name (Last, First, Middle Initial) Robin A Polk		Date of Receipt						
Mailing Address 201 CR 326A		M M / D D / Y Y Y Y Y 12 30 2010						
City	State Zip Code	Transaction ID: SA11AI.4348						
Rosebud	TX 76570	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	25.00						
Name of Employer Girling Community Care	Occupation Regional Manager, Compliance							
Receipt For: Primary General	Aggregate Year-to-Date ▼							
Other (specify)	75.00							
SUBTOTAL of Receipts This Page (optiona	l)	75.00						
	ber only)							

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 50 (check only one) (check 112 X 11a 11b 11c 12 I3 14 15 16 17					
Any information copied from such Report or for commercial purposes, other than us	Any information copied from such Reports and Statements may not be sold or used by any person for for commercial purposes, other than using the name and address of any political committee to sold						
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal	PAC						
Full Name (Last, First, Middle Initial) Shanni F Ponce		Date of Receipt					
Mailing Address 2818 Fountain C	Mailing Address 2818 Fountain Grove Cove						
City	State Zip Code	Transaction ID: SA11AI.4258					
Round Rock	TX 78665	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	40.00					
Name of Employer MBS Rehab	Occupation Senior Vice President						
Receipt For:	Aggregate Year-to-Date ▼	1					
Other (specify) ▼	80.00						
Full Name (Last, First, Middle Initial) Shanni F Ponce							
Mailing Address 2818 Fountain C	Mailing Address 2818 Fountain Grove Cove						
City	City State Zip Code						
Round Rock	TX 78665	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	40.00					
Name of Employer MBS Rehab	Occupation Senior Vice President						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	120.00						
Full Name (Last, First, Middle Initial) William Blake Robins		Date of Receipt					
Mailing Address 2303 Eastside D	Mailing Address 2303 Eastside Drive #222						
City	State Zip Code	Transaction ID: SA11AI.4251					
Austin	TX 78704	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	4.00					
Name of Employer Harden Healthcare Services	Occupation Executive Director, Benevolent Fund]					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 8.00						
SUBTOTAL of Receipts This Page (opt	ional)	84.00					
TOTAL This Period (last page this line r	number only)						

9	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 40 / 50
			Use separate schedule(s) for each category of the	(check only one)
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	Harden Healthcare LLC Federal PAC			
∡ ۹.	Full Name (Last, First, Middle Initial) William Blake Robins	Date of Receipt		
	Mailing Address 2303 Eastside Drive #	M M / D D / Y Y Y Y Y 12 15		
	City	State	Zip Code	Transaction ID: SA11AI.4296
	Austin	ТХ	78704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		4.00
	Name of Employer Harden Healthcare Services	Occupatio		-
		1 .	e Director, Benevolent Fund	_
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General		12.00	11
	Other (specify)	0 0		1
- 3.	Full Name (Last, First, Middle Initial) William Blake Robins	•		Date of Receipt
	Mailing Address 2303 Eastside Drive #	M M / D D / Y Y Y Y 12 30 2010		
	City	State	Zip Code	Transaction ID: SA11AI.4349
	Austin	ТХ	78704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		4.00
	Name of Employer	Occupatio	n	
	Harden Healthcare Services	· · ·	e Director, Benevolent Fund	
	Receipt For:	1 1	e Year-to-Date V	-
	Primary General	Ayyreyall		1
	Other (specify) 🔻	0 0	16.00	
-	Full Name (Last, First, Middle Initial) Laura (Beth) Scott			Date of Receipt
	Mailing Address 7 Summithill Place			M M / D D / Y Y Y Y 1 1 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.4252
	The Woodlands	ТХ	77381	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Lighthouse Hospice	Occupatio Vice Pre	on sident, Clinical Services	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) v		100.00]
ſ	SUBTOTAL of Receipts This Page (optional)	I		58.00
F				_
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 50 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports an or for commercial purposes, other than using	ny information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to so				
NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PA	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC				
Full Name (Last, First, Middle Initial) Laura (Beth) Scott	Laura (Beth) Scott				
Mailing Address 7 Summithill Place	Mailing Address 7 Summithill Place				
City	State Zip Code	Transaction ID: SA11AI.4297			
The Woodlands	TX 77381	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		50.00			
Name of Employer Lighthouse Hospice	Occupation Vice President, Clinical Services				
Receipt For: Primary General	Aggregate Year-to-Date				
Other (specify)	150.00				
Full Name (Last, First, Middle Initial) Toni M Silguero		Date of Receipt			
Mailing Address 3804 Middle Earth 7	Mailing Address 3804 Middle Earth Trail				
City	State Zip Code	Transaction ID: SA11AI.4253			
Austin	TX 78739	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		25.00			
Name of Employer Harden Healthcare Services	Occupation Controller				
Receipt For: Primary General	Aggregate Year-to-Date 🔻				
Other (specify) ▼	50.00				
Full Name (Last, First, Middle Initial) Toni M Silguero		Date of Receipt			
Mailing Address 3804 Middle Earth 7	Frail	12 ^{// Y} Y Y Y Y 15 ^{// 2010}			
City	State Zip Code	Transaction ID: SA11AI.4298			
Austin	TX 78739	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		25.00			
Name of Employer Harden Healthcare Services	Occupation Controller				
Receipt For: Primary General	Aggregate Year-to-Date 🔻				
Other (specify) ▼	75.00				
SUBTOTAL of Receipts This Page (optional) 	100.00			
TOTAL This Period (last page this line number	·				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 50 (check only one) 11a 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	n for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC					
⊻ A.	Full Name (Last, First, Middle Initial) Toni M Silguero	Date of Receipt				
	Mailing Address 3804 Middle Earth Tra	12 30 Y Y Y Y 12 30 2010				
	City	State Zip Code	Transaction ID: SA11AI.4350			
	Austin	TX 78739	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	25.00			
	Name of Employer Harden Healthcare Services	Name of Employer Occupation Harden Healthcare Services Controller				
	Receipt For:	Aggregate Year-to-Date V				
	Primary General Other (specify) ▼	100.00				
– В.	Full Name (Last, First, Middle Initial) Juli Simmang	I	Date of Receipt			
	Mailing Address 991 Oak Ridge	M M / D D / Y Y Y Y 12 07 2010				
	City	State Zip Code	Transaction ID: SA11AI.4259			
	Shertz	TX 78154	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	50.00			
	Name of Employer MBS Rehab	Occupation Director of Clinical Services				
	Receipt For:	Aggregate Year-to-Date 🔻				
	Primary General Other (specify) ▼	100.00				
– c.	Full Name (Last, First, Middle Initial) Juli Simmang		Date of Receipt			
	Mailing Address 991 Oak Ridge		M M / D D / Y Y Y Y 12 22 2010			
	City	State Zip Code	Transaction ID: SA11AI.4310			
	Shertz	TX 78154	Amount of Each Receipt this Period			
	federal political committee.	FEC ID number of contributing federal political committee.				
	Name of Employer MBS Rehab	Occupation Director of Clinical Services				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00				
ſ	SUBTOTAL of Receipts This Page (optional)	·	125.00			
	TOTAL This Period (last page this line number	only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s for each category of the Detailed Summary Page tatements may not be sold or used by any	$\begin{array}{c c} \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$ person for the purpose of soliciting contributions		
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC	or for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full)			
Α.	Full Name (Last, First, Middle Initial) James D Tompkins Mailing Address 1203 W 40th St City	Date of Receipt			
	Austin	State Zip Code TX 78756			
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
	Name of Employer MBS Pharmacy Receipt For:	Occupation President Aggregate Year-to-Date			
_	Primary General Other (specify) ▼	200.00			
в.	Full Name (Last, First, Middle Initial) James D Tompkins Mailing Address 1203 W 40th St		Date of Receipt		
	City	Transaction ID: SA11AI.4311			
	Austin	State Zip Code TX 78756	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			
	Name of Employer MBS Pharmacy	Occupation President			
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date 300.00			
с.	Full Name (Last, First, Middle Initial) Charlene Turner		Date of Receipt		
	Mailing Address 2101 Birdie Court				
	City	State Zip Code	Transaction ID: SA11AI.4261		
	San Angelo FEC ID number of contributing federal political committee.	TX 76904	Amount of Each Receipt this Period		
	Name of Employer TRISUN Healthcare	Occupation Administrator, Regency House			
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 45.00			
	SUBTOTAL of Receipts This Page (optional)		▶ 215.00		
	TOTAL This Period (last page this line number	only)			

SCHEDULE A (FEC F ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 50 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such or for commercial purposes, other	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 F Harden Healthcare LLC F	,							
Full Name (Last, First, Middle Charlene Turner	Full Name (Last, First, Middle Initial) Charlene Turner Mailing Address 2101 Birdie Court							
Mailing Address 2101 Bird								
City	State	Zip Code	Transaction ID: SA11AI.4313					
San Angelo	TX	76904	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		15.00					
Name of Employer TRISUN Healthcare	Occupatio Administ	n trator, Regency House						
Receipt For:		e Year-to-Date 🔻						
Other (specify)	al	60.00						
Full Name (Last, First, Middle Julie Vandre	Full Name (Last, First, Middle Initial) Julie Vandre							
Mailing Address 629 Park	Mailing Address 629 Park Ave							
City	State	Zip Code	Transaction ID: SA11AI.4216					
New Richmond	WI	54017	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		10.00					
Name of Employer	Occupatio	n						
Receipt For:	Aggregate	e Year-to-Date 🔻						
Primary General Other (specify) ▼	al	10.00						
Full Name (Last, First, Middle Julie Vandre	Initial)		Date of Receipt					
Mailing Address 629 Park	Mailing Address 629 Park Ave							
City	State	Zip Code	Transaction ID: SA11AI.4304					
New Richmond	WI	54017	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		10.00					
Name of Employer	Occupatio	n						
Receipt For: Primary Genera Other (specify) ▼		e Year-to-Date ▼ 20.00						
SUBTOTAL of Receipts This Pa	uge (optional)		35.00					
TOTAL This Period (last page th	<u> </u>							

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 50
	ITEMIZED RECEIPTS		for each category of the	(check only one)
I			Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	Harden Healthcare LLC Federal PAC			
	7 Harden Healthcare LLC Federal FAC			
, <u> </u>	Full Name (Last, First, Middle Initial) Julie Vandre	Date of Receipt		
	Mailing Address 629 Park Ave	M M / D D / Y Y Y Y 12 30 2010		
	City	State	Zip Code	Transaction ID: SA11AI.4352
	New Richmond	WI	54017	Amount of Each Receipt this Period
	FEC ID number of contributing			10.00
	federal political committee.	C		10.00
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General General			
	Other (specify)	0 0	30.00	
	Full Name (Last, First, Middle Initial)			
	Ronda Van Meter			Date of Receipt
	Mailing Address 253 LCR 405	M M / D D / Y Y Y Y 111 30 2010		
	City	State	Zip Code	Transaction ID: SA11AI.4215
	Mexica	ΤХ	76667	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Girling Home Health	Occupation Regional	vice President	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General	33 13		
	Other (specify)	0 0	50.00	
	Full Name (Last, First, Middle Initial)			Date of Receipt
	Ronda Van Meter Mailing Address 253 LCR 405			
				12 15 2010
	City	State	Zip Code	Transaction ID: SA11AI.4299
	Mexica	ТХ	76667	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			50.00
	Name of Employer Girling Home Health	Occupation Regional	vice President	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General	00 1010		
			100.00	
	Other (specify) v	0 0	0 0 0 0 0 0 0	
Γ	Other (specify) ▼ SUBTOTAL of Receipts This Page (optional).	0 0		110.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 50 (check only one) 11a X 11a 11b 11c 12 I3 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC				
۷ A.	Full Name (Last, First, Middle Initial) Ronda Van Meter	Date of Receipt			
	Mailing Address 253 LCR 405	12 / D D / Y Y Y Y 30 / 2010			
	City	State Zip Code	Transaction ID: SA11AI.4351		
	Mexica	TX 76667	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	50.00		
	Name of Employer Girling Home Health	Occupation Regional Vice President			
	Receipt For:	Aggregate Year-to-Date ▼	7		
	 Primary General Other (specify) ▼ 	150.00			
- B.	Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt		Date of Receipt		
	Mailing Address 4506 Grand Cypress I	M M / D D / Y Y Y Y 11 1 30 2010			
	City	State Zip Code	Transaction ID: SA11AI.4254		
	Austin	TX 78747	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	55.00		
	Name of Employer Girling Community Care	Occupation Regional Vice President			
	Receipt For:	Aggregate Year-to-Date 🔻			
	Primary General Other (specify) ▼	55.00			
- C.	Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt	1	Date of Receipt		
	Mailing Address 4506 Grand Cypress I	Mailing Address 4506 Grand Cypress Drive			
	City	State Zip Code	Transaction ID: SA11AI.4300		
	Austin	TX 78747	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	55.00		
	Name of Employer Girling Community Care	Occupation Regional Vice President			
	Receipt For:	Aggregate Year-to-Date 🔻			
	Primary General Other (specify) ▼	110.00			
ſ	SUBTOTAL of Receipts This Page (optional)	·	160.00		
ŀ					
	TOTAL This Period (last page this line number	oriiy)			

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9	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Lico conorato achadula(c)	FOR LINE NUMBER: PAGE 47 / 50
			Use separate schedule(s) for each category of the	(check only one)
I	I EMIZED RECEIPIS		Detailed Summary Page	X 11a 11b 11c 12
-			, ,	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	Harden Healthcare LLC Federal PAC			
∠ A.	Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt	Date of Receipt		
	Mailing Address 4506 Grand Cypress E	M M / D D / Y Y Y Y 12 30 2010		
	City	State	Zip Code	Transaction ID: SA11AI.4353
	Austin	ТХ	78747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		55.00
	Name of Employer	Occupatio	n	-
	Cirling Community Coro		I Vice President	
	Receipt For:	1 I	e Year-to-Date 🔻	_
	Primary General	, iggi ogali		1
	Other (specify)	0 0	165.00	
- В.	Full Name (Last, First, Middle Initial) Deborah Weems			Date of Receipt
	Mailing Address 2518 Harris Blvd	M M / D D / Y Y Y Y 111 30 2010		
	City	State	Zip Code	Transaction ID: SA11AI.4255
	Austin	ТХ	78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer	Occupatio	on	
	TRISUN Healthcare	Vice Pre	sident, Marketing	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		F0.00	1
	Other (specify) v	0 0	50.00	
с. –	Full Name (Last, First, Middle Initial) Deborah Weems			Date of Receipt
	Mailing Address 2518 Harris Blvd			M · M / D · D Y Y · Y <
	City	State	Zip Code	Transaction ID: SA11AI.4301
	Austin	TX	78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer TRISUN Healthcare	Occupatio Vice Pre	on sident, Marketing	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		75.00]
Γ	SUBTOTAL of Receipts This Page (optional)	I		105.00
┝	CODICIAL OF RECEIPTS THIS Fage (optional)			
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 50 (check only one) 11a 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	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
A.	Full Name (Last, First, Middle Initial) Deborah Weems	Date of Receipt	
	Mailing Address 2518 Harris Blvd	M M / D D / Y Y Y Y 12 30 2010	
	City	State Zip Code	Transaction ID: SA11AI.4354
	Austin	TX 78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer TRISUN Healthcare	Occupation Vice President, Marketing	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	100.00	
В.	Full Name (Last, First, Middle Initial) Carolyn Williams		Date of Receipt
	Mailing Address 12707 Eagle Nest Dr	M M / D D / Y Y Y Y 11 1 30 2010	
	City	State Zip Code	Transaction ID: SA11AI.4218
	Buda	TX 78610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Girling Home Health	Occupation Director of Compliance	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) Image: Content of the specify of the specify of the specify of the specify of the specific of the speci	25.00	
с.	Full Name (Last, First, Middle Initial) Carolyn Williams		Date of Receipt
	Mailing Address 12707 Eagle Nest Dr		12 / 15 / Y Y Y Y 12 15 / 2010
	City	State Zip Code	Transaction ID: SA11AI.4302
	Buda	TX 78610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Girling Home Health	Occupation Director of Compliance	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	50.00	
	SUBTOTAL of Receipts This Page (optional)		75.00
Ī	TOTAL This Period (last page this line number	only)	

c			FOR LINE NUMBER: PAGE 49/50
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 🗌 11b 🗌 11c 🔲 12 🔄
_			13 14 15 16 17
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)		
	> Harden Healthcare LLC Federal PAC		
	Full Name (Last, First, Middle Initial) Carolyn Williams		Date of Receipt
	Mailing Address 12707 Eagle Nest Dr		12 ^{//} 30 [/] 2010
	City	State Zip Code	Transaction ID: SA11AI.4355
	Buda	TX 78610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Girling Home Health	Occupation Director of Compliance	-
	Receipt For:	Aggregate Year-to-Date V	-1
	Primary General		
	Other (specify)	75.00	
. –	Full Name (Last, First, Middle Initial) Iris B Williams		Date of Receipt
	Mailing Address 3733 Locke Lane		1 2 0 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.4262
	Corpus Christi	TX 78415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MBS Rehab	Occupation Director of Operations	-
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General	100.00	
	Other (specify)		
. –	Full Name (Last, First, Middle Initial) Iris B Williams		Date of Receipt
	Mailing Address 3733 Locke Lane		M M / D D / Y Y Y Y 12 22 2010
	City	State Zip Code	Transaction ID: SA11AI.4314
	Corpus Christi	TX 78415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
		Occurrentier	1
	Name of Employer MBS Rehab	Occupation Director of Operations	
	Name of Employer MBS Rehab Receipt For:	-	_
		Director of Operations	
Γ	Receipt For: Primary General	Director of Operations Aggregate Year-to-Date 150.00	125.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 50 (check only one) 11a X 11a 11b 13 14 15 16
	Any information copied from such Reports and S or for commercial purposes, other than using the	son tor the purpose of soliciting contributions to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) Harden Healthcare LLC Federal PAC		
۷ A.	Full Name (Last, First, Middle Initial) Steve Wood		Date of Receipt
	Mailing Address 803 River Forest		M M / D D / Y Y Y Y 1 1 1 2010
	City	State Zip Code	Transaction ID: SA11AI.4256
	New Braunfels	TX 78132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer Harden Healthcare	Occupation President, Long-term Care Division	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	200.00	
- B.	Full Name (Last, First, Middle Initial) Steve Wood	1	Date of Receipt
	Mailing Address 803 River Forest		M M / D D / Y Y Y Y 12 15 2010
	City	State Zip Code	Transaction ID: SA11AI.4303
	New Braunfels	TX 78132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer Harden Healthcare	Occupation President, Long-term Care Division	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	300.00	
- C.	Full Name (Last, First, Middle Initial) Steve Wood	1	Date of Receipt
	Mailing Address 803 River Forest		M M / D D / Y Y Y Y 12 30 2010
	City	State Zip Code	Transaction ID: SA11AI.4356
	New Braunfels	TX 78132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer Harden Healthcare	Occupation President, Long-term Care Division	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
ſ	SUBTOTAL of Receipts This Page (optional)		300.00
ŀ	TOTAL This Period (last page this line number		6793.00