

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Harden Healthcare LLC Federal PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		0.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning 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								
7. Total Disbursements (from Line 31)	0.00	0.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10823.00	10823.00								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Harden Healthcare LLC Federal PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	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)	0.00	0.00
(d) Total Contributions (add Lines 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
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(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
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	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. Total Disbursements (add Lines 21(c), 22, 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

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Cecilia Abbott		Date of Receipt
	Mailing Address 2601 Wooldridge		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Austin	TX	78703
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4222
Name of Employer Harden Healthcare Services		Occupation Managing Director, Community Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 100.00	

B.	Full Name (Last, First, Middle Initial) Cecilia Abbott		Date of Receipt
	Mailing Address 2601 Wooldridge		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Austin	TX	78703
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4265
Name of Employer Harden Healthcare Services		Occupation Managing Director, Community Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 150.00	

C.	Full Name (Last, First, Middle Initial) Cecilia Abbott		Date of Receipt
	Mailing Address 2601 Wooldridge		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Austin	TX	78703
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4317
Name of Employer Harden Healthcare Services		Occupation Managing Director, Community Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 200.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Brianna B Braden	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 18821 Golddust Pass	Transaction ID: SA11AI.4223
	City State Zip Code Pflugerville TX 78660	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Harden Healthcare Services Occupation: Senior Vice President, Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Brianna B Braden	Date of Receipt MM / DD / YYYY 12 / 15 / 2010
	Mailing Address 18821 Golddust Pass	Transaction ID: SA11AI.4266
	City State Zip Code Pflugerville TX 78660	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Harden Healthcare Services Occupation: Senior Vice President, Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Brianna B Braden	Date of Receipt MM / DD / YYYY 12 / 30 / 2010
	Mailing Address 18821 Golddust Pass	Transaction ID: SA11AI.4318
	City State Zip Code Pflugerville TX 78660	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Harden Healthcare Services Occupation: Senior Vice President, Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

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

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

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

FOR LINE NUMBER: PAGE 8 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 15705 Edenderry Dr

City State Zip Code
Austin TX 78717

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 11 / 30 / 2010
Transaction ID: SA11AI.4224
Amount of Each Receipt this Period: 100.00

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

Mailing Address 15705 Edenderry Dr

City State Zip Code
Austin TX 78717

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 15 / 2010
Transaction ID: SA11AI.4267
Amount of Each Receipt this Period: 100.00

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

Mailing Address 15705 Edenderry Dr

City State Zip Code
Austin TX 78717

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 12 / 30 / 2010
Transaction ID: SA11AI.4319
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Timothy R Brittingham	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 2807 S Gary Avenue	Transaction ID: SA11AI.4219
	City State Zip Code Tulsa OK 74114	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Girling Community Care Occupation: Regional Manager, Oklahoma Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 50.00	

B.	Full Name (Last, First, Middle Initial) Timothy R Brittingham	Date of Receipt MM / DD / YYYY 12 / 13 / 2010
	Mailing Address 2807 S Gary Avenue	Transaction ID: SA11AI.4263
	City State Zip Code Tulsa OK 74114	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Girling Community Care Occupation: Regional Manager, Oklahoma Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00	

C.	Full Name (Last, First, Middle Initial) Timothy R Brittingham	Date of Receipt MM / DD / YYYY 12 / 28 / 2010
	Mailing Address 2807 S Gary Avenue	Transaction ID: SA11AI.4315
	City State Zip Code Tulsa OK 74114	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Girling Community Care Occupation: Regional Manager, Oklahoma Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 150.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Carolyn Claire Chase		Date of Receipt
	Mailing Address 1901 Great Oaks Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 3 0 / 2 0 1 0
	City	State	Zip Code
	Round Rock	TX	78681
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4225
Name of Employer Harden Healthcare Services		Occupation Project Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1.00
		<input type="text"/> 2.00	

B.	Full Name (Last, First, Middle Initial) Carolyn Claire Chase		Date of Receipt
	Mailing Address 1901 Great Oaks Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Round Rock	TX	78681
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4268
Name of Employer Harden Healthcare Services		Occupation Project Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1.00
		<input type="text"/> 3.00	

C.	Full Name (Last, First, Middle Initial) Carolyn Claire Chase		Date of Receipt
	Mailing Address 1901 Great Oaks Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 0 / 2 0 1 0
	City	State	Zip Code
	Round Rock	TX	78681
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4320
Name of Employer Harden Healthcare Services		Occupation Project Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1.00
		<input type="text"/> 4.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 50
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Cathi Coney		Date of Receipt
	Mailing Address 7207 Nine Oaks Cove		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 7 / 2 0 1 0
	City	State	Zip Code
	Austin	TX	78759
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4257
Name of Employer MBS Pharmacy		Occupation Vice President, Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 100.00	

B.	Full Name (Last, First, Middle Initial) Cathi Coney		Date of Receipt
	Mailing Address 7207 Nine Oaks Cove		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Austin	TX	78759
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4306
Name of Employer MBS Pharmacy		Occupation Vice President, Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 150.00	

C.	Full Name (Last, First, Middle Initial) Sherrie Corso		Date of Receipt
	Mailing Address 533 Lavina Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 3 0 / 2 0 1 0
	City	State	Zip Code
	Bolingbrook	IL	60440
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4226
Name of Employer Harden Healthcare Services		Occupation Vice President, Compliance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 100.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 50
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Sherrie Corso		Date of Receipt
	Mailing Address 533 Lavina Drive		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bolingbrook	IL	60440
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4269
Name of Employer Harden Healthcare Services		Occupation Vice President, Compliance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
		<input type="text" value="150.00"/>	

B.	Full Name (Last, First, Middle Initial) Sherrie Corso		Date of Receipt
	Mailing Address 533 Lavina Drive		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bolingbrook	IL	60440
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4321
Name of Employer Harden Healthcare Services		Occupation Vice President, Compliance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
		<input type="text" value="200.00"/>	

C.	Full Name (Last, First, Middle Initial) Gloria R Crawford		Date of Receipt
	Mailing Address 6013 Forest Shadow		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	San Antonio	TX	78240
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4227
Name of Employer Girling Community Care		Occupation Regional Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="30.00"/>
		<input type="text" value="30.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="130.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 50

(check only one)

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

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

A.

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

Mailing Address 6013 Forest Shadow

City San Antonio State TX Zip Code 78240

FEC ID number of contributing federal political committee. C

Name of Employer: Girling Community Care Occupation: Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 60.00

Date of Receipt: MM / DD / YYYY
12 / 15 / 2010

Transaction ID: SA11AI.4270

Amount of Each Receipt this Period 30.00

B.

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

Mailing Address 6013 Forest Shadow

City San Antonio State TX Zip Code 78240

FEC ID number of contributing federal political committee. C

Name of Employer: Girling Community Care Occupation: Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 90.00

Date of Receipt: MM / DD / YYYY
12 / 30 / 2010

Transaction ID: SA11AI.4322

Amount of Each Receipt this Period 30.00

C.

Full Name (Last, First, Middle Initial)
Lisa Lynn Cupps

Mailing Address 2450 CR 253

City Comanche State TX Zip Code 76442

FEC ID number of contributing federal political committee. C

Name of Employer: Girling Community Care Occupation: Regional Director, West Texas

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt: MM / DD / YYYY
11 / 30 / 2010

Transaction ID: SA11AI.4228

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 50

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Lisa Lynn Cupps

Mailing Address 2450 CR 253

City State Zip Code
Comanche TX 76442

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

Name of Employer Occupation
Girling Community Care Regional Director, West Texas

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 100.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.4271

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Lisa Lynn Cupps

Mailing Address 2450 CR 253

City State Zip Code
Comanche TX 76442

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

Name of Employer Occupation
Girling Community Care Regional Director, West Texas

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 150.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.4323

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

James Wayne Douglas

Mailing Address 4701 Circle Oak Cove

City State Zip Code
Austin TX 78749

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

Name of Employer Occupation
Girling Community Care President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.4229

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 50
(check only one)

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

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

A.

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

Mailing Address 4701 Circle Oak Cove

City State Zip Code
Austin TX 78749

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

Name of Employer Occupation
Girling Community Care President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.4272

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 4701 Circle Oak Cove

City State Zip Code
Austin TX 78749

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

Name of Employer Occupation
Girling Community Care President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.4324

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mark Duncan

Mailing Address 799 W Bartlett

City State Zip Code
Buda TX 78610

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

Name of Employer Occupation
TRISUN Healthcare Vice President, Operations, North

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.4230

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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 16 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

A.

Full Name (Last, First, Middle Initial)
Mark Duncan

Mailing Address 799 W Bartlett

City State Zip Code
Buda TX 78610

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

Name of Employer Occupation
TRISUN Healthcare Vice President, Operations, North

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2010

Transaction ID: SA11AI.4273

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
Mark Duncan

Mailing Address 799 W Bartlett

City State Zip Code
Buda TX 78610

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

Name of Employer Occupation
TRISUN Healthcare Vice President, Operations, North

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: SA11AI.4325

Amount of Each Receipt this Period
75.00

C.

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

Mailing Address 824 Stonewall Ridge

City State Zip Code
Austin TX 78746

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

Name of Employer Occupation
Harden Healthcare Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: SA11AI.4231

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 50
(check only one)

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

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

A.

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

Mailing Address 824 Stonewall Ridge

City Austin State TX Zip Code 78746

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

Name of Employer Harden Healthcare Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	1	0

Transaction ID: SA11AI.4274

Amount of Each Receipt this Period 100.00

B.

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

Mailing Address 824 Stonewall Ridge

City Austin State TX Zip Code 78746

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

Name of Employer Harden Healthcare Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	1	0

Transaction ID: SA11AI.4326

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Tricia Fox

Mailing Address P O Box 190

City Florence State TX Zip Code 76527

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

Name of Employer Girling Home Health Occupation Vice President, Rehab

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	1	0

Transaction ID: SA11AI.4232

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

A.

Full Name (Last, First, Middle Initial)
Tricia Fox

Mailing Address P O Box 190

City State Zip Code
Florence TX 76527

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

Name of Employer Occupation
Girling Home Health Vice President, Rehab

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.4275

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Tricia Fox

Mailing Address P O Box 190

City State Zip Code
Florence TX 76527

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

Name of Employer Occupation
Girling Home Health Vice President, Rehab

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.4327

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Stacy J Gardner

Mailing Address 10240 Missel Thrush

City State Zip Code
Austin TX 78750

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4307

Amount of Each Receipt this Period
1.00

SUBTOTAL of Receipts This Page (optional) ► **101.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 50
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Benjamin Hanson

Mailing Address 2211 Sunny Slope Drive

City Austin State TX Zip Code 78703

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

Name of Employer Harden Healthcare Occupation Sr Vice President & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt: 11 / 30 / 2010
Transaction ID: SA11AI.4233
Amount of Each Receipt this Period: 75.00

B.

Full Name (Last, First, Middle Initial)
Benjamin Hanson

Mailing Address 2211 Sunny Slope Drive

City Austin State TX Zip Code 78703

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

Name of Employer Harden Healthcare Occupation Sr Vice President & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 12 / 15 / 2010
Transaction ID: SA11AI.4276
Amount of Each Receipt this Period: 75.00

C.

Full Name (Last, First, Middle Initial)
Benjamin Hanson

Mailing Address 2211 Sunny Slope Drive

City Austin State TX Zip Code 78703

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

Name of Employer Harden Healthcare Occupation Sr Vice President & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 30 / 2010
Transaction ID: SA11AI.4328
Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ► 225.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
James Hardee

Mailing Address 5925 West Lake Drive

City Sandia State TX Zip Code 78383

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

Name of Employer TRISUN Healthcare Occupation Chief Operations Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 11 / 30 / 2010

Transaction ID: SA11AI.4234

Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial)
James Hardee

Mailing Address 5925 West Lake Drive

City Sandia State TX Zip Code 78383

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

Name of Employer TRISUN Healthcare Occupation Chief Operations Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 15 / 2010

Transaction ID: SA11AI.4277

Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
James Hardee

Mailing Address 5925 West Lake Drive

City Sandia State TX Zip Code 78383

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

Name of Employer TRISUN Healthcare Occupation Chief Operations Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 12 / 30 / 2010

Transaction ID: SA11AI.4329

Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 50		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) Dana Marie Hasley		Date of Receipt MM / DD / YYYY 11 / 26 / 2010		
	Mailing Address 11855 N 207 E Avenue		Transaction ID: SA11AI.4220		
	City Claremore	State OK	Zip Code 74019	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Girling Community Care	Occupation Regional Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
50.00

B.	Full Name (Last, First, Middle Initial) Dana Marie Hasley		Date of Receipt MM / DD / YYYY 12 / 13 / 2010		
	Mailing Address 11855 N 207 E Avenue		Transaction ID: SA11AI.4264		
	City Claremore	State OK	Zip Code 74019	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Girling Community Care	Occupation Regional Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
100.00

C.	Full Name (Last, First, Middle Initial) Dana Marie Hasley		Date of Receipt MM / DD / YYYY 12 / 28 / 2010		
	Mailing Address 11855 N 207 E Avenue		Transaction ID: SA11AI.4316		
	City Claremore	State OK	Zip Code 74019	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Girling Community Care	Occupation Regional Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Harden Healthcare LLC Federal PAC

A.

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

Mailing Address 6112 Jumano Lane

City Austin State TX Zip Code 78749

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

Name of Employer TRISUN Healthcare Occupation Vice President, Professional Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 11 / 30 / 2010
Transaction ID: SA11AI.4235
 Amount of Each Receipt this Period: 50.00

B.

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

Mailing Address 6112 Jumano Lane

City Austin State TX Zip Code 78749

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

Name of Employer TRISUN Healthcare Occupation Vice President, Professional Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt: 12 / 15 / 2010
Transaction ID: SA11AI.4305
 Amount of Each Receipt this Period: 50.00

C.

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

Mailing Address 6112 Jumano Lane

City Austin State TX Zip Code 78749

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

Name of Employer TRISUN Healthcare Occupation Vice President, Professional Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 12 / 30 / 2010
Transaction ID: SA11AI.4330
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jason D Herd

Mailing Address 1807 Intervail Dr.

City State Zip Code
Austin TX 78746

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.4331

Amount of Each Receipt this Period
1.00

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

Mailing Address 2709 Barton's Bluff Ln

City State Zip Code
Austin TX 78746

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

Name of Employer Occupation
Harden Healthcare Services Regional HR Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 20.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.4236

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
Janelle B Hesselsweet

Mailing Address 2709 Barton's Bluff Ln

City State Zip Code
Austin TX 78746

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

Name of Employer Occupation
Harden Healthcare Services Regional HR Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.4279

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **21.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Janelle B Hesselsweet		Date of Receipt
	Mailing Address 2709 Barton's Bluff Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Austin	TX	78746
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4333
Name of Employer Harden Healthcare Services		Occupation Regional HR Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 10.00
		<input type="text"/> 40.00	

B.	Full Name (Last, First, Middle Initial) Chelsea M Holden		Date of Receipt
	Mailing Address 4000 Dunning Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Austin	TX	78746
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4237
Name of Employer Harden Healthcare Services		Occupation Government Relations Liaison	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 40.00	

C.	Full Name (Last, First, Middle Initial) Chelsea M Holden		Date of Receipt
	Mailing Address 4000 Dunning Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Austin	TX	78746
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4280
Name of Employer Harden Healthcare Services		Occupation Government Relations Liaison	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 60.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 50.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 50

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Chelsea M Holden

Mailing Address 4000 Dunning Lane

City State Zip Code
Austin TX 78746

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

Name of Employer Occupation
Harden Healthcare Services Government Relations Liaison

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 80.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.4334

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)
Kelly Ann Jalowiec

Mailing Address 1410 W Fillmore St

City State Zip Code
Chicago IL 60607

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

Name of Employer Occupation
Girling Home Health Vice President, Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 50.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.4212

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Kelly Ann Jalowiec

Mailing Address 1410 W Fillmore St

City State Zip Code
Chicago IL 60607

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

Name of Employer Occupation
Girling Home Health Vice President, Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 100.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.4281

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Kelly Ann Jalowiec

Mailing Address 1410 W Fillmore St

City State Zip Code
Chicago IL 60607

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

Name of Employer Occupation
Girling Home Health Vice President, Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: SA11AI.4335

Amount of Each Receipt this Period
50.00

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

Mailing Address 116 NW Private Rd

City State Zip Code
Corsicana TX 75110

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2010

Transaction ID: SA11AI.4282

Amount of Each Receipt this Period
5.00

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

Mailing Address 116 NW Private Rd

City State Zip Code
Corsicana TX 75110

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: SA11AI.4336

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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 27 / 50
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Vicki Jo Kay

Mailing Address 517 Gazebo Overlook

City State Zip Code
Seymour TN 37865

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: SA11AI.4213

Amount of Each Receipt this Period
2.00

B.

Full Name (Last, First, Middle Initial)
Vicki Jo Kay

Mailing Address 517 Gazebo Overlook

City State Zip Code
Seymour TN 37865

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2010

Transaction ID: SA11AI.4284

Amount of Each Receipt this Period
2.00

C.

Full Name (Last, First, Middle Initial)
Vicki Jo Kay

Mailing Address 517 Gazebo Overlook

City State Zip Code
Seymour TN 37865

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: SA11AI.4337

Amount of Each Receipt this Period
2.00

SUBTOTAL of Receipts This Page (optional) ▶ **6.00**

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 28 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

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

Mailing Address 285 E Summit Dr

City State Zip Code
Wimberley TX 78676

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 30 / 2010
Transaction ID: SA11AI.4238
 Amount of Each Receipt this Period: 125.00

B.

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

Mailing Address 285 E Summit Dr

City State Zip Code
Wimberley TX 78676

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 12 / 15 / 2010
Transaction ID: SA11AI.4285
 Amount of Each Receipt this Period: 125.00

C.

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

Mailing Address 285 E Summit Dr

City State Zip Code
Wimberley TX 78676

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 30 / 2010
Transaction ID: SA11AI.4338
 Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ► 375.00

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 29 / 50
	(check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Kimberly A Layton	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 9513 Prescott Drive	Transaction ID: SA11AI.4239
	City State Zip Code Austin TX 78748	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Harden Healthcare Occupation: President, Leadership Development Inst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Kimberly A Layton	Date of Receipt MM / DD / YYYY 12 / 15 / 2010
	Mailing Address 9513 Prescott Drive	Transaction ID: SA11AI.4286
	City State Zip Code Austin TX 78748	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Harden Healthcare Occupation: President, Leadership Development Inst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Kimberly A Layton	Date of Receipt MM / DD / YYYY 12 / 30 / 2010
	Mailing Address 9513 Prescott Drive	Transaction ID: SA11AI.4339
	City State Zip Code Austin TX 78748	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Harden Healthcare Occupation: President, Leadership Development Inst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 50
(check only one)

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

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

A.

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

Mailing Address 1620 Elderhill Road

City State Zip Code
Driftwood TX 78619

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

Name of Employer Occupation
Girling Community Care General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.4240

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 1620 Elderhill Road

City State Zip Code
Driftwood TX 78619

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

Name of Employer Occupation
Girling Community Care General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.4287

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 1620 Elderhill Road

City State Zip Code
Driftwood TX 78619

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

Name of Employer Occupation
Girling Community Care General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.4340

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 50
(check only one)

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

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

A.

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

Mailing Address 8820 Colberg Dr

City Austin State TX Zip Code 78749

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt: 11 / 30 / 2010
Transaction ID: SA11AI.4242
 Amount of Each Receipt this Period: 50.00

B.

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

Mailing Address 8820 Colberg Dr

City Austin State TX Zip Code 78749

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 12 / 15 / 2010
Transaction ID: SA11AI.4288
 Amount of Each Receipt this Period: 50.00

C.

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

Mailing Address 8820 Colberg Dr

City Austin State TX Zip Code 78749

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt: 12 / 30 / 2010
Transaction ID: SA11AI.4341
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 50
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Michael A McMaude

Mailing Address 640 E 3rd Ave

City Durango State CO Zip Code 81301-5253

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

Name of Employer Harden Healthcare Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 11 / 30 / 2010
Transaction ID: SA11AI.4244
 Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
Michael A McMaude

Mailing Address 640 E 3rd Ave

City Durango State CO Zip Code 81301-5253

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

Name of Employer Harden Healthcare Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt: 12 / 15 / 2010
Transaction ID: SA11AI.4289
 Amount of Each Receipt this Period: 50.00

C.

Full Name (Last, First, Middle Initial)
Michael A McMaude

Mailing Address 640 E 3rd Ave

City Durango State CO Zip Code 81301-5253

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

Name of Employer Harden Healthcare Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 12 / 30 / 2010
Transaction ID: SA11AI.4342
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 50
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kenneth Meyers

Mailing Address 6118 W Louise Drive

City State Zip Code
Glendale AZ 85310

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

Name of Employer Occupation
Girling Home Health Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.4245

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Kenneth Meyers

Mailing Address 6118 W Louise Drive

City State Zip Code
Glendale AZ 85310

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

Name of Employer Occupation
Girling Home Health Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.4290

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Kenneth Meyers

Mailing Address 6118 W Louise Drive

City State Zip Code
Glendale AZ 85310

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

Name of Employer Occupation
Girling Home Health Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.4343

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Deborah Morgan		Date of Receipt
	Mailing Address 5404 Agatha Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 3 0 / 2 0 1 0
	City	State	Zip Code
	Austin	TX	78724
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4246
Name of Employer Harden Healthcare Services		Occupation PMO Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 100.00	

B.	Full Name (Last, First, Middle Initial) Deborah Morgan		Date of Receipt
	Mailing Address 5404 Agatha Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Austin	TX	78724
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4291
Name of Employer Harden Healthcare Services		Occupation PMO Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 150.00	

C.	Full Name (Last, First, Middle Initial) Deborah Morgan		Date of Receipt
	Mailing Address 5404 Agatha Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 0 / 2 0 1 0
	City	State	Zip Code
	Austin	TX	78724
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4344
Name of Employer Harden Healthcare Services		Occupation PMO Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 200.00	

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

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

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

FOR LINE NUMBER: PAGE 35 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Joseph Odom
Mailing Address 13020 Humphrey Drive
City Austin State TX Zip Code 78729
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Services Occupation IT Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 100.00
Date of Receipt 11 / 30 / 2010
Transaction ID: SA11AI.4247
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Joseph Odom
Mailing Address 13020 Humphrey Drive
City Austin State TX Zip Code 78729
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Services Occupation IT Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 150.00
Date of Receipt 12 / 15 / 2010
Transaction ID: SA11AI.4292
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Joseph Odom
Mailing Address 13020 Humphrey Drive
City Austin State TX Zip Code 78729
FEC ID number of contributing federal political committee. **C**
Name of Employer Harden Healthcare Services Occupation IT Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00
Date of Receipt 12 / 30 / 2010
Transaction ID: SA11AI.4345
Amount of Each Receipt this Period 50.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 50
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Victoria Palm

Mailing Address 3507 Abrazo

City San Antonio State TX Zip Code 78247

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

Name of Employer TRISUN Healthcare Occupation Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 11 / 30 / 2010

Transaction ID: SA11AI.4248

Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
Victoria Palm

Mailing Address 3507 Abrazo

City San Antonio State TX Zip Code 78247

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

Name of Employer TRISUN Healthcare Occupation Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt: 12 / 15 / 2010

Transaction ID: SA11AI.4293

Amount of Each Receipt this Period: 50.00

C.

Full Name (Last, First, Middle Initial)
Victoria Palm

Mailing Address 3507 Abrazo

City San Antonio State TX Zip Code 78247

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

Name of Employer TRISUN Healthcare Occupation Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 175.00

Date of Receipt: 12 / 30 / 2010

Transaction ID: SA11AI.4346

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 50
(check only one)

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

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

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

A.

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

Mailing Address 2913 Richfield Landing

City Pflugerville State TX Zip Code 78660

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

Name of Employer: Girling Community Care Occupation: Financial Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 11 / 30 / 2010
Transaction ID: SA11AI.4249
Amount of Each Receipt this Period: 25.00

B.

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

Mailing Address 2913 Richfield Landing

City Pflugerville State TX Zip Code 78660

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

Name of Employer: Girling Community Care Occupation: Financial Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt: 12 / 15 / 2010
Transaction ID: SA11AI.4294
Amount of Each Receipt this Period: 25.00

C.

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

Mailing Address 2913 Richfield Landing

City Pflugerville State TX Zip Code 78660

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

Name of Employer: Girling Community Care Occupation: Financial Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt: 12 / 30 / 2010
Transaction ID: SA11AI.4347
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robin A Polk		Date of Receipt
	Mailing Address 201 CR 326A		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 3 0 / 2 0 1 0
	City	State	Zip Code
	Rosebud	TX	76570
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4250
Name of Employer Girling Community Care		Occupation Regional Manager, Compliance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) Robin A Polk		Date of Receipt
	Mailing Address 201 CR 326A		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Rosebud	TX	76570
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4295
Name of Employer Girling Community Care		Occupation Regional Manager, Compliance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) Robin A Polk		Date of Receipt
	Mailing Address 201 CR 326A		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 0 / 2 0 1 0
	City	State	Zip Code
	Rosebud	TX	76570
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4348
Name of Employer Girling Community Care		Occupation Regional Manager, Compliance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 75.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Shanni F Ponce	Date of Receipt MM / DD / YYYY 12 / 07 / 2010
	Mailing Address 2818 Fountain Grove Cove	Transaction ID: SA11AI.4258
	City State Zip Code Round Rock TX 78665	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MBS Rehab Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80.00	

B.	Full Name (Last, First, Middle Initial) Shanni F Ponce	Date of Receipt MM / DD / YYYY 12 / 22 / 2010
	Mailing Address 2818 Fountain Grove Cove	Transaction ID: SA11AI.4309
	City State Zip Code Round Rock TX 78665	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MBS Rehab Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 120.00	

C.	Full Name (Last, First, Middle Initial) William Blake Robins	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 2303 Eastside Drive #222	Transaction ID: SA11AI.4251
	City State Zip Code Austin TX 78704	Amount of Each Receipt this Period 4.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Harden Healthcare Services Executive Director, Benevolent Fund	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 8.00	

SUBTOTAL of Receipts This Page (optional)	84.00
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 40 / 50
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) William Blake Robins	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 1 0
	Mailing Address 2303 Eastside Drive #222	Transaction ID: SA11AI.4296
	City State Zip Code Austin TX 78704	Amount of Each Receipt this Period 4.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Harden Healthcare Services Occupation: Executive Director, Benevolent Fund Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 12.00	

B.	Full Name (Last, First, Middle Initial) William Blake Robins	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 1 0
	Mailing Address 2303 Eastside Drive #222	Transaction ID: SA11AI.4349
	City State Zip Code Austin TX 78704	Amount of Each Receipt this Period 4.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Harden Healthcare Services Occupation: Executive Director, Benevolent Fund Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 16.00	

C.	Full Name (Last, First, Middle Initial) Laura (Beth) Scott	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 1 0
	Mailing Address 7 Summithill Place	Transaction ID: SA11AI.4252
	City State Zip Code The Woodlands TX 77381	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Lighthouse Hospice Occupation: Vice President, Clinical Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional)	58.00
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 41 / 50
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Laura (Beth) Scott

Mailing Address 7 Summithill Place

City State Zip Code
The Woodlands TX 77381

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

Name of Employer Occupation
Lighthouse Hospice Vice President, Clinical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.4297

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 3804 Middle Earth Trail

City State Zip Code
Austin TX 78739

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

Name of Employer Occupation
Harden Healthcare Services Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.4253

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 3804 Middle Earth Trail

City State Zip Code
Austin TX 78739

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

Name of Employer Occupation
Harden Healthcare Services Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.4298

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3804 Middle Earth Trail

City Austin State TX Zip Code 78739

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

Name of Employer Harden Healthcare Services Occupation Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 12 / 30 / 2010
Transaction ID: SA11AI.4350
Amount of Each Receipt this Period 25.00

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

Mailing Address 991 Oak Ridge

City Shertz State TX Zip Code 78154

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

Name of Employer MBS Rehab Occupation Director of Clinical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 12 / 07 / 2010
Transaction ID: SA11AI.4259
Amount of Each Receipt this Period 50.00

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

Mailing Address 991 Oak Ridge

City Shertz State TX Zip Code 78154

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

Name of Employer MBS Rehab Occupation Director of Clinical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt 12 / 22 / 2010
Transaction ID: SA11AI.4310
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) James D Tompkins		Date of Receipt
	Mailing Address 1203 W 40th St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 0 7 / 2 0 1 0
	City	State	Zip Code
	Austin	TX	78756
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4260
Name of Employer MBS Pharmacy		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 200.00	

B.	Full Name (Last, First, Middle Initial) James D Tompkins		Date of Receipt
	Mailing Address 1203 W 40th St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Austin	TX	78756
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4311
Name of Employer MBS Pharmacy		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	

C.	Full Name (Last, First, Middle Initial) Charlene Turner		Date of Receipt
	Mailing Address 2101 Birdie Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 0 7 / 2 0 1 0
	City	State	Zip Code
	San Angelo	TX	76904
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4261
Name of Employer TRISUN Healthcare		Occupation Administrator, Regency House	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 45.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 215.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 44 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2101 Birdie Court

City San Angelo State TX Zip Code 76904

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

Name of Employer TRISUN Healthcare Occupation Administrator, Regency House

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 60.00

Date of Receipt 12 / 22 / 2010
Transaction ID: SA11AI.4313
Amount of Each Receipt this Period 15.00

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

Mailing Address 629 Park Ave

City New Richmond State WI Zip Code 54017

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10.00

Date of Receipt 11 / 30 / 2010
Transaction ID: SA11AI.4216
Amount of Each Receipt this Period 10.00

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

Mailing Address 629 Park Ave

City New Richmond State WI Zip Code 54017

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 20.00

Date of Receipt 12 / 15 / 2010
Transaction ID: SA11AI.4304
Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 35.00

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 45 / 50

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Julie Vandre

Mailing Address 629 Park Ave

City State Zip Code
New Richmond WI 54017

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.4352

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Ronda Van Meter

Mailing Address 253 LCR 405

City State Zip Code
Mexico TX 76667

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

Name of Employer Occupation
Girling Home Health Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.4215

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Ronda Van Meter

Mailing Address 253 LCR 405

City State Zip Code
Mexico TX 76667

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

Name of Employer Occupation
Girling Home Health Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.4299

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

110.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 50
(check only one)

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

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

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

Mailing Address 253 LCR 405

City State Zip Code
Mexico TX 76667

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

Name of Employer Occupation
Girling Home Health Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: SA11AI.4351

Amount of Each Receipt this Period
50.00

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

Mailing Address 4506 Grand Cypress Drive

City State Zip Code
Austin TX 78747

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

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 55.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: SA11AI.4254

Amount of Each Receipt this Period
55.00

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

Mailing Address 4506 Grand Cypress Drive

City State Zip Code
Austin TX 78747

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

Name of Employer Occupation
Girling Community Care Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 110.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2010

Transaction ID: SA11AI.4300

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ► **160.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jennifer Lynn Vogt	Date of Receipt MM / DD / YYYY 12 / 30 / 2010
	Mailing Address 4506 Grand Cypress Drive	Transaction ID: SA11AI.4353
	City State Zip Code Austin TX 78747	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Girling Community Care Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 165.00	

B.	Full Name (Last, First, Middle Initial) Deborah Weems	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 2518 Harris Blvd	Transaction ID: SA11AI.4255
	City State Zip Code Austin TX 78703	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TRISUN Healthcare Vice President, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

C.	Full Name (Last, First, Middle Initial) Deborah Weems	Date of Receipt MM / DD / YYYY 12 / 15 / 2010
	Mailing Address 2518 Harris Blvd	Transaction ID: SA11AI.4301
	City State Zip Code Austin TX 78703	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TRISUN Healthcare Vice President, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 50
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Deborah Weems

Mailing Address 2518 Harris Blvd

City Austin State TX Zip Code 78703

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

Name of Employer TRISUN Healthcare Occupation Vice President, Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 12 / 30 / 2010

Transaction ID: SA11AI.4354

Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
Carolyn Williams

Mailing Address 12707 Eagle Nest Dr

City Buda State TX Zip Code 78610

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

Name of Employer Girling Home Health Occupation Director of Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt 11 / 30 / 2010

Transaction ID: SA11AI.4218

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Carolyn Williams

Mailing Address 12707 Eagle Nest Dr

City Buda State TX Zip Code 78610

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

Name of Employer Girling Home Health Occupation Director of Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt 12 / 15 / 2010

Transaction ID: SA11AI.4302

Amount of Each Receipt this Period 25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Carolyn Williams	Date of Receipt MM / DD / YYYY 12 / 30 / 2010
	Mailing Address 12707 Eagle Nest Dr	Transaction ID: SA11AI.4355
	City State Zip Code Buda TX 78610	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Girling Home Health Director of Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00	

B.	Full Name (Last, First, Middle Initial) Iris B Williams	Date of Receipt MM / DD / YYYY 12 / 07 / 2010
	Mailing Address 3733 Locke Lane	Transaction ID: SA11AI.4262
	City State Zip Code Corpus Christi TX 78415	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MBS Rehab Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

C.	Full Name (Last, First, Middle Initial) Iris B Williams	Date of Receipt MM / DD / YYYY 12 / 22 / 2010
	Mailing Address 3733 Locke Lane	Transaction ID: SA11AI.4314
	City State Zip Code Corpus Christi TX 78415	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MBS Rehab Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Steve Wood	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 803 River Forest	Transaction ID: SA11AI.4256
	City State Zip Code New Braunfels TX 78132	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Harden Healthcare Occupation: President, Long-term Care Division Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Steve Wood	Date of Receipt MM / DD / YYYY 12 / 15 / 2010
	Mailing Address 803 River Forest	Transaction ID: SA11AI.4303
	City State Zip Code New Braunfels TX 78132	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Harden Healthcare Occupation: President, Long-term Care Division Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Steve Wood	Date of Receipt MM / DD / YYYY 12 / 30 / 2010
	Mailing Address 803 River Forest	Transaction ID: SA11AI.4356
	City State Zip Code New Braunfels TX 78132	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Harden Healthcare Occupation: President, Long-term Care Division Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)	6793.00