Image#11032105450 NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL	-]
Harden Healthcare LLC Feder		
(b) Number and Street Address		
1703 W. 5th Street		2. FEC IDENTIFICATION NUMBER
Suite 700		C00489740
(c) City, State and ZIP Code Austin TX	78703	3. TYPE OF COMMITTEEcheck one)
	10100	OTHER

I certify that **one** of the following situations is correct (complete line 4 or 5):

4. STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on ______ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number:

5. STATUS BY QUALIFICATION:

(a) candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	LLOYD DOGGETT	House	TX 25	01/11/2011
(ii)	JEB HON. HENSARLING	House	TX 05	05/05/2011
(iii)	DAVID LEE CAMP	House	MI 04	06/01/2011
(iv)	THOMAS R CARPER	Senate	DE 00	06/06/2011
(v)	DIANE L MRS. BLACK	House	TN 06	06/14/2011

- (b) Contributors: The committee received a contribution from its 51st contributor on: 01/07/2011
- (c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 10/04/2010
- (d) Qualification: The committee met the above requirements on: 06/14/2011

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

 TYPE OR PRINT NAME OF TREASURER
 SIGNATURE OF TREASURER
 DATE

 Thomas Lloyd Wilson
 D7/28/2011

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ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:	
Federal Election Commission, Washington, DC 20463 Toll-free 800-424-9530 Local 202-694-1100	FEC FORM 1 M Revised 1/2001