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## FEC

## STATEMENT OF

2010 OCT -4	AM II: 58	
FEC MAIL	CENTED	

FORM 1	ORGAN	IZATION	·	Office Use Only
NAME OF     COMMITTEE (in full)	(Check if name is changed)	e Example:If typing, type over the lines.	12FE4M5	(·····································
i	thcare LLC Fede	ral PAC	<u> </u>	
	<u> </u>			
ADDRESS (number and street		ch Street, Suite	700	
(Check if address is changed)	Austin		LTX (	78703 
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL AD  (Check if address is changed)	1:11:::	one e-mail address) hardenhealthcare :	.com	<u> </u>
•	4.000.000 (UDL)	<u> </u>	iiiiii	<u> </u>
COMMITTEE'S WEB PAGE	n/a			:
(Check if addres is changed)			<del></del>	
2. DATE 10	01 2 0 1 0			
3. FEC IDENTIFICATIO	<u> </u>			
4. IS THIS STATEMENT	X NEW (N) O	R AMENDED (A	·)	
I certify that I have examin	ned this Statement and to the	best of my knowledge and beli	ef it is true, correct	and complete.
Type or Prim Name of Trea	asurer T. Llo	w Wilson		
Signature of Treasurer	T. Sept-	Wilson	Date 10	01 2010
NOTE: Submission of false, of		ation may subject the person signi		the penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Country Toll Free 800-424-953 Local 202-694-1100	mission	FEC FORM 1 (Revised 02/2009)

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5.

TYPE OF C	
	e Committee:
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name of Candidate	<u></u>
Candidate Party Affiliati	Office State on Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Con	nmittee:
(d)	This committee is a (National. State (Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):
(ө) Х	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a
	Corporation: Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	X In addition, this committee is a Lobbyist/Registrant PAC.
(1)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fund	iraising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a tederal candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Com	mittees Participating in Joint Fundraiser
1.	
2.	
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FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	ne	
•	Organization, Affiliated Committee, Joint Fundraising Representative, or althcare LLC	r Leadership PAC Sponsor
narden net		
		<del></del>
Mailing Address	[4,43, 4,1 3a, 54,54,6, 134,6, 1,4,6]	
	Austin TX	78703
	CITY STATE	ZIP CODE
On the state of th	Additional Committee Sales Conduction Decreases	8 danskin DAO Conner
Helationship: A Connecte	ed Organization Affiliated Committee Joint Fundraising Representativ	e Leadersnip PAC Sponsor
<ol><li>Custodian of Records: Ide books and records.</li></ol>	entify by name, address (phone number optional) and position of the pers	on in possession of committee
Ch∈	elsea Holden	
Full Name		<u> </u>
Mailing Address	1703 W. 5th Street, Suite 700	1111111111
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Austin	78703
	[kikikikikikikikikikidi3	hddd. kdddddd.
Title or Position	CITY STATE	ZIP CODE
Asst Treas.	/Cust. of Records 512	634 4965
	<u>: i ; i ; i ; i ; : : : Telephone number                                    </u>	السلسلسلسا " السلسلسا " السلسلسا
8. Treasurer: List the name at any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and assistant treasurer).	nd the name and address of
Full Name T. I	Lloyd Wilson	
of Treasurer	1702 N 55b Chaot Suite 700	<u> </u>
Mailing Address	1703 W. 5th Street, Suite 700	<u> </u>
	<u> </u>	<u> </u>
	Austin	78703
	CITY STATE	ZIP CODE
Title or Position Treas	, , , , , , , , , , , , , , , , , , , ,	2   634   4965
<u> </u>		<u></u>

. FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated ,	Chelsea Holden	
Agent		<u> </u>
Mailing Address	1703 W. 5th Street, Suite 700	<u>L. L. J. J.</u>
		<u> </u>
	CITY STATE	ZIP CODE
Title or Position Asst Trea	s./Cust. of Records Telephone number	512 634 4965
Name of Bank, Dep	Capital Plains Bank	
Mailing Address	!	
	Austin TX	78701
	CITY STATE	ZIP CODE
Name of Bank, Dep	pository, etc.	
1		
<b></b>		
Mailing Address	<u> </u>	<u> </u>
		<u></u>
		J
	CITY STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
	Date of Receipt
Hand Delivered	10/4/10
USPS First Class Mail	Postmarked
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Delivery Confirmation™ or Signature Confirmation or Signature Confirmation Delivery Con	mation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
Sa-	10/4/10
PREPARER	DATE PREPARED
(3/2005)	