

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

## Harden Healthcare LLC Federal PAC

ADDRESS (number and street)

1703 W. 5th Street

(Check if address is changed)

Suite 700

Austin

CITY ▲

TX

STATE ▲

78703

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

nhunter@hardenhealthcare.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

N/A

2. DATE

07 / 23 / 2013

3. FEC IDENTIFICATION NUMBER ►

C C00489740

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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 Nelda J Hunter

Signature of Treasurer

*Nelda J Hunter*

[Electronically Filed]

Date

07 / 23 / 2013

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

5. TYPE OF COMMITTEE

**Candidate 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 \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  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
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  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 Fundraising 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 federal 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.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

# Harden Healthcare LLC Federal PAC

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Harden Healthcare LLC

Mailing Address

1703 W. 5th Street, Ste. 700

Austin

TX

78703

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Chelsea M Holden

Mailing Address

1703 W. 5th Street, Ste. 700

Austin

TX

78703

Title or Position

CITY

STATE

ZIP CODE

Asst. Treasurer

Telephone number

512

634

4965

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Nelda J Hunter

Mailing Address

1703 W. 5th Street, Ste. 700

Austin

TX

78703

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number

512

634

4953

Full Name of Designated Agent Chelsea M Holden  
Mailing Address 1703 W. 5th Street, Ste. 700  
Austin TX 78703  
CITY STATE ZIP CODE  
Title or Position Asst. Treasurer Telephone number 512 634 4965

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

PlainsCapital Bank

Mailing Address 919 Congress Ave Ste 100  
Austin TX 78701  
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address  
CITY STATE ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1N

Transaction ID :

This is the first time to e-file a Form 1 for this committee. This e-filed Form 1 is being filed as an amendment to the original paper filed Form 1.

Form/Schedule:

Transaction ID: